OECI

Organisation of European Cancer Institutes

General Report 2009

OECI on a map

■ FULL MEMBERS

BELGIUM
- Institut Jules Bordet, Centre des Tumeurs de l'Université Libre de Bruxelles
- Oncologic Center, UZ Brussel

BULGARIA
- National Oncological Hospital, Sofia

CZECH REPUBLIC
- Masaryk Memorial Cancer Institute, Brno

DENMARK
- Danish Cancer Society, Institute of Cancer Biology, Copenhagen

ESTONIA
North Estonia Medical Centre, Tallin

FINLAND
- Helsinki University Central Hospital

FRANCE
- Centre Alexis Vautrin, Nancy
- Centre G.F. Leclerc, Dijon
- Centre Léon Bérard, Lyon
- Centre Paul Strauss, Strasbourg
- Institut Curie, Paris
- Institut Gustave Roussy, Villejuif
- Institut Sainte Catherine, Avignon

GERMANY
- Deutsches Krebsforschungszentrum, Heidelberg
- University Cancer Center Dresden Carl Gustav Carus

GREECE
- Anticancer Oncological Hospital of Athens 'Saint Savvas'
- 'Metaxa' Cancer Hospital of Piraeus

HUNGARY
- National Institute of Oncology, Budapest

ITALY
- Centro di Riferimento Oncologico CRO, Istituto Nazionale Tumori, Aviano
- Centro di Riferimento Oncologico CROB della Basilicata, Potenza
- European Institute of Oncology IEO, Milan
- European School of Oncology ESO, Milan
- Fondazione IRCCS Istituto Nazionale dei Tumori, Milan
- Fondazione San Raffaele, Milan
- Istituto Oncologico Veneto IOV, Padua
- Istituto Nazionale per la Ricerca sul Cancro IST, Genoa
- Istituto di Oncologia Molecolare IFOM, Milan
- Istituto Nazionale per lo Studio e la Cura dei Tumori Fondazione 'G.Pascale', Naples
- Istituto Regina Elena/Regina Elena Cancer Institute IRE, Rome
- Istituto Superiore di Oncologia ISO, Italy
- Istituto Tumori Bari

LITHUANIA
- Institute of Oncology, Vilnius University

NORWAY
- Rikshospitalet-Radiumhospitalet Medical Center, Oslo

PORTUGAL
- Instituto Português de Oncologia de Coimbra Francisco Gentil, EPE
- Instituto Português de Oncologia de Lisboa Francisco Gentil, EPE
- Instituto Português de Oncologia do Porto Francisco Gentil, EPE

ROMANIA
- Oncology Institute "Prof.Dr. Ion Chiricuta", Cluj-Napoca

SLOVENIA
- Institute of Oncology Ljubljana

SPAIN
- Fundacion Instituto Valenciano de Oncologia IVO, Valencia
- Institut Catalan d'Oncologia, Barcelona
- Institut de Medicina Predictiva i Personalizada del Càncer IMPPC, Barcelona
- Instituto Madrileño de Oncología, FondacionGrupo IMO, Madrid

SWEDEN
- Salgrenska University Hospital, Göteborg
- The Karolinska University Hospital and Institute, Stockholm

THE NETHERLANDS
- Erasmus MC Daniel den Hoed Cancer Center, Rotterdam
- Integral Kankercentrum Noord-Nederland, Groningen
- Maastricht University Medisch Centrum
- The Netherlands Cancer Institute Antoni van Leeuwenhoek Hospital, Amsterdam

UNITED KINGDOM
- Cancer Research UK Cambridge Research Institute, London
- Christie Hospital NHS Foundation Trust, Manchester

▲ ASSOCIATED MEMBERS

ESTONIA
- Tartu University Hospital

FRANCE
- Centre Antoine Lacassagne, Nice
- Centre Henri Becquerel, Rouen
- Centre Paul Papin CRLCC, Angers

GREECE
- Agii Anargiri General Oncological Hospital of Kifissia, Athens

ITALY
- Institute for Cancer Research and Treatment, Turin
- Istituto di Ricerche Farmacologiche Mario Negri IRFMN, Milan

POLAND
- Wielkopolskie Cancer Center Poznan

RUSSIA
- Blokhin Russian Cancer Research Centre, Moscow
- Clinical Cancer Centre, Kazan

SERBIA & MONTENEGRO
- Institute of Oncology Sremska Kamenica, Novi Sad

SLOVAKIA
- Slovak Comprehensive Cancer Centre, Bratislava

SPAIN
- Centro National de Investigaciones Oncologicas (Spanish National Cancer Centre), Madrid

SWITZERLAND
- Oncology Institute of Southern Switzerland /Ospedale Regionale Bellinzona e Valli

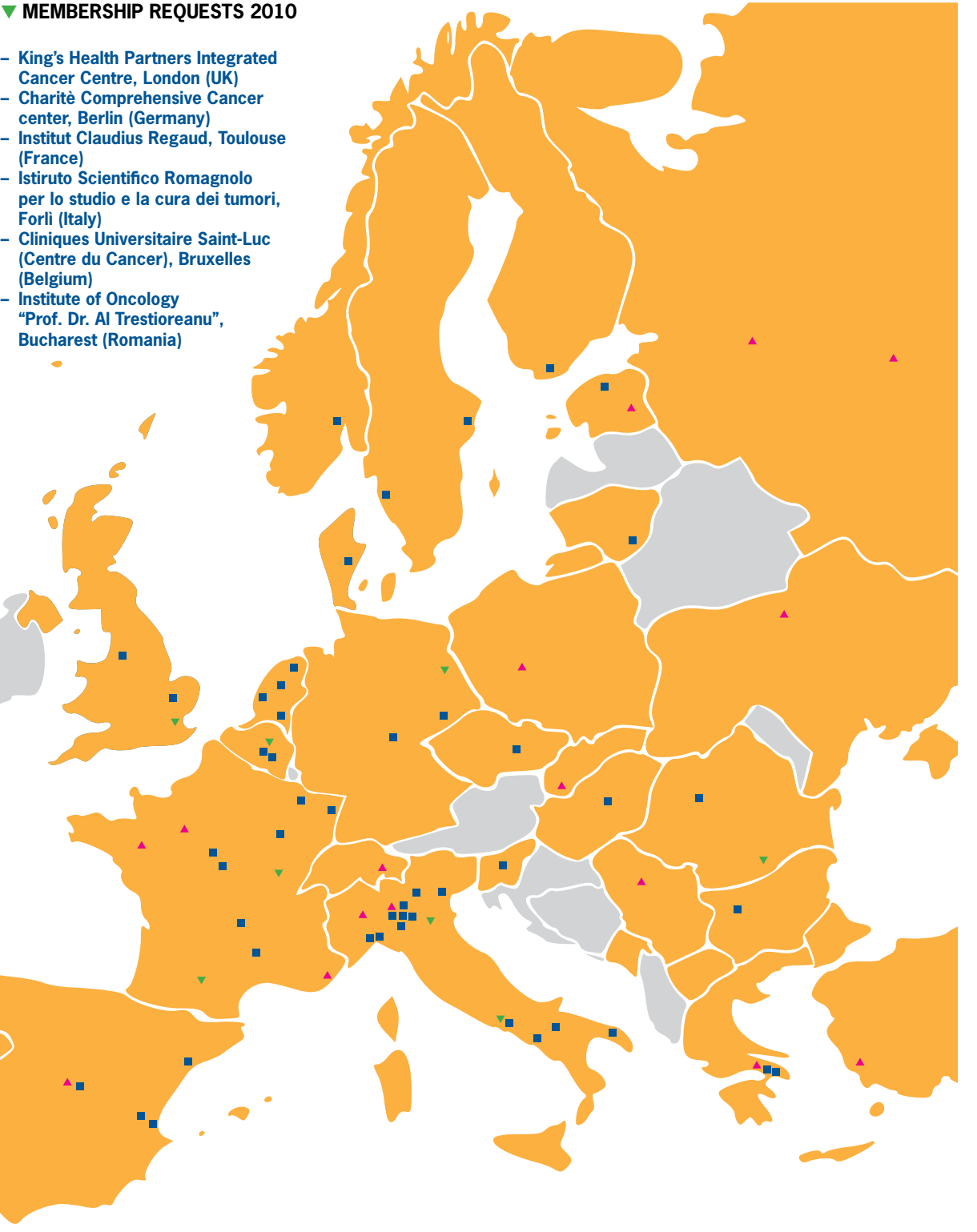
TURKEY
- Dokuz Eylül University, Institute of Oncology, Izmir

UKRAINE
- R.E. Kavetsky Institute of Experimental Pathology, Oncology and Radiobiology, Kiev

OECI

▼ MEMBERSHIP REQUESTS 2010

- King's Health Partners Integrated Cancer Centre, London (UK)
- Charitè Comprehensive Cancer center, Berlin (Germany)
- Institut Claudius Regaud, Toulouse (France)
- Istiruto Scientifico Romagnolo per lo studio e la cura dei tumori, Forlì (Italy)
- Cliniques Universitaire Saint-Luc (Centre du Cancer), Bruxelles (Belgium)
- Institute of Oncology "Prof. Dr. Al Trestioreanu", Bucharest (Romania)



Organisation of European
Cancer Institutes

General Report
2009

General Report 2009
Annual Publication of the Organisation of European Cancer Institutes

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OECI Presidential address

After more than 30 years from the OECI foundation, and five years after its evolution into a European Economic Interest Grouping, it seems timely to supply an overview of the Organization's activities, in order to discuss the strategies that will shape the last year of my presidency and the phase of transition to the new President. This General Report 2009 aims at giving such a comprehensive picture of OECI today.

We are in fact living a transition at many different levels. First of all, cancer research and treatment themselves, which are at the heart of our shared efforts, are going through an epochal shift. Since the 1990s, when the genetic mechanisms of cancer initiation and progression were discovered, the scientific community has been accumulating theoretical knowledge at such a rate that our time is generally thought to be ripe for a more substantial translation of such information into clinical practice.

It has become increasingly clear that this goal can only be reached through a closer cooperation among cancer institutes, a necessity that corresponds with the *raison d'être* of our Organisation, which is aimed at setting up new ways of sharing the benefits of innovative knowledge throughout Europe. It is in fact our statutory duty to help the best equipped comprehensive cancer centers among us to share their advanced diagnostic and therapeutic practices with all the players at a European level, so as to strengthen the collaborative European network that will enhance Europe's contribution to solving what is becoming a worldwide health and ultimately even social problem. OECI's activities have always been guided by the principle that each European patient has a right to the best treatment available. With this aim, our organization has always tried not only to promote the use of the best available clinical practices but also to create high-quality educational programs, to support research projects for all the scientific and health players in Europe, and, finally, to help develop an efficient information flow with the authorities that regulate the activities of the health players.

This is a period of transition in the life of our Organisation as well. Many of our most significant projects in the last years have been completed or have reached full implementation in 2008/2009 but we have also launched new projects at a European level and established the basis for wider collaboration. In view of these new plans and other foreseeable developments in the near future, the organisational model that served us so efficiently in the past seems to require a substantial adjustment. However, in order to decide what new model would best suit our aims, I think that a general discussion of our organisation's goals and means to reach them is indispensable. For this reason, in the past months, OECI governing bodies have been engaged in an intensive analysis of these issues and have directly asked our members to express their thoughts and suggestions on OECI's future. Let me here thank all the members who devoted their time and effort to contribute to the discussion.

Finally, it has been a phase of transition also, at a more personal level, for me as President. After the first year, when I learned the ropes from my excellent predecessor, in 2009 many seeds of future growth were sown with the participation of OECI in various calls of the 7th Framework Programme (FP7) from the EC and in many new projects of which you can read an account in this Report.

I hope that this Report, which is the result of everyone's contribution, will provide my successor with some clear perspectives on what the future of our Organisation might be. I also hope that the issuing of an annual report will become a regular addition to our yearly calendar, so as to enable us all to form a precise opinion on the obtained results, focus on possible critical factors, and help us shape the future of our Organisation.

This General Report is also an opportunity to express my grateful recognition of those illustrious scientists and clinicians who came before me in the capacity of OECI President. As you know, we can even proudly count among them a Nobel Prize winner, Professor Harold zur Hausen. Everyone of my 12 predecessors, however, deserves a special praise, because each of them has contributed in their personal way to the growth of our organisation in a period that has seen an unprecedented accumulation of knowledge, particularly in the field of molecular mechanisms of cancer and oncogenomics, and the development of new diagnostic and therapeutic technologies deeply revolutionising the approach to cancer patients.

At OECI, we have acknowledged such changes through the different expertise of our Presidents. In the beginning, many of them had a clinical professional background, but more recently we have had experts in clinical experimental oncology, steering our organisation towards projects aimed at promoting the translational process, which is still too slowly being incorporated in the operative plans of our respective institutions.
During the last ten years, there has been an increased awareness of the need to accelerate advancements towards personalised, predictive, preventive and participatory medicine ("the 4P medicine" described by D.J. Galas and L. Hood), which is bound to impact all the aspects of disease management.

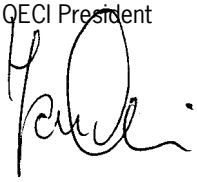
Important epidemiological research has described the changing scientific scenario and social impact of cancer, which has encouraged us to put into motion new managerial models that will enable all our cancer centres to incorporate innovative basic and clinical research results in their daily practice. Clearly, such changes cannot be accomplished by single institutions alone but they increasingly require a collaborative effort. We are, in fact, aware that no single institute, no matter how excellent, can attain excellence in each sector of the complex reality of oncology, and we must be prepared to find the excellence wherever it might be found within the oncology network.

Just as I hope that this volume will be the first of a long series of yearly publications,

I also wish it to mark the beginning of a renewed collaboration among our institutes that, from now on, can also rely on OECI as a Publisher of their works. I am, in fact, delighted to announce that, with the publication of this first General Report, OECI, besides being a European Grouping of Economic Interest, has also become a Publisher registered at the Royal Library in Belgium.

As a conclusion, I would like to thank all the former Presidents that are still an active part of our Grouping today: Professor Guy Storme, Professor Thomas Tursz and Professor Ulrik Ringborg, who have each left a significant and unique legacy upon which I have tried to build. Special thanks also to Professor Claudio Lombardo who has been part of OECI history since 1986, when he worked with Professor J. Einhorn, and who this year accepted to chair the Liaison Office in Genoa, giving an unprecedented momentum to our work. I am also particularly honoured to greet and thank here Professor Antonio Llombart Bosch, an illustrious pathologist and a friend, who has been enlightening us for many years with a generosity that only great men possess.

Marco A. Pierotti
OECI President



Chapter 1
Governance

OECI IN BRIEF

Initiated back in 1977 to promote greater cooperation among the world's cancer centres and institutes in the field of cancer collaborative research, the Organisation of European Cancer Institutes (OECI) was founded in Dubrovnik on May 14th 1979, taking the first steps to work out structures for efficient cooperation to overcome the linguistic and traditional research heterogeneity of Europe. In step with the ongoing developments in Europe in 2005, the organisation was remodelled into OECI-EEIG - Organisation of European Cancer Institutes, European Economic Interest Grouping.

THE ULTIMATE OECI GOAL

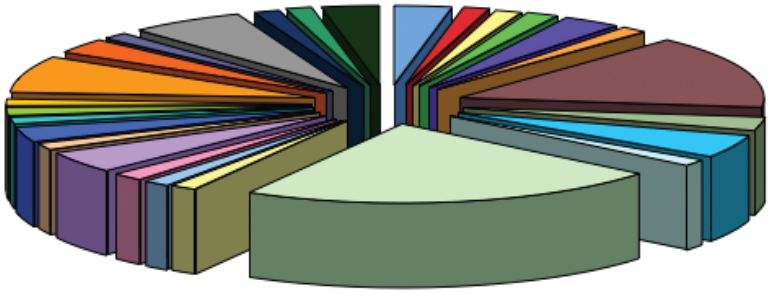
"*To find new and better treatments, provide more comprehensive care and improve patients*" quality of life supported by evidence-based medicine with a holistic approach". The OECI represents many European cancer research and care centres - both large and small - from a number of EU countries, many of which have only recently become EU members. Diversity is an asset to our Organisation, not a cause for discrimination or fragmentation. Larger centres may well use our network to become more competitive, but they must take upon themselves the responsibility to find ways to share their expertise with less endowed centres in order to contribute to the provision of equal treatments throughout Europe.

1.1 OECI MEMBERSHIP

The OECI Membership is composed of Full and Associate members. Any European Cancer Institute and Institution active in the area of cancer, including research, prevention and care, and which fulfils the conditions provided for in Article 4 of EEC REGULATION 2137/85 of 25 July, 1985 on the creation of a European Economic Interest Grouping, may apply to become a Full Member. Each Member holds a share without nominal value and is jointly and unlimitedly liable for any debt incurred by the Grouping. The rights and obligations of the Members are provided by the OECI Statute (see Appendix).

Any Cancer Institute or Institution, any organization including those composed of two or more members, any private person or firm active in cancer research or care or in related sectors established in an EU Member State or elsewhere, may be an "Associate Member" of the OECI.
Any Associate Member from a State which has applied for accession to the European Union shall have the right to choose to become a Member of the Grouping from the moment of their State accession to the European Union, in accordance with the conditions set out in Article 6 of the Statute.

Associate Members are not liable with respect to third-parties for the affairs of the Grouping. Associate Members are liable to the Grouping as regards the contractual commitments they may have taken to the Grouping. All the Members have the right to information, advice and assistance from the Grouping for all of its activities. Associate Members have the right to attend the General Assembly meetings, to speak and to submit propositions at such meetings, without, however, the right to vote, a right which is reserved for the Members.
Actually, the OECI is composed of 51 full members and 16 associate members. The legal representatives of all the members compose the General Assembly. In the following figure, the General Assembly composition by Country is depicted.



Belgium	France	Norway	Slovakia
Bulgaria	Germany	Poland	Slovenia
Czech Republic	Greece	Portugal	Spain
Denmark	Hungary	Romania	Sweden
Estonia	Italy	Russia	Switzerland
Finland	Lithuania	Serbia-Montenegro	The Netherland

1.2 OECI BOARD AND CO-OPTED MEMBERS

The Executive Board takes all necessary steps and makes all decisions for the attainment of the goals of the Grouping. The Board is chaired by the President, who shall convene the Board whenever he deems it necessary. The President or the Executive Secretary shall carry out acts connected with the day to-day management of the Grouping and executes all decisions of the Executive Board.
This includes *inter alia* the carrying out of all the formalities for the constitution or modification of the Grouping before the national or European authorities, and, in particular, filing incorporation documents, signing all acts and carrying out all formalities for the publication and registration of the OECI-EEIG in the appropriate Registers.
The Executive Board is composed of, at least, the following members:

- the "President", who presides over the meetings of the General Assembly and the Executive Board;
- the "Vice-President", who shall chair all meetings in the absence of the President;
- the immediate "Former President";
- the "Executive Secretary";
- two "Elected Members", one of whom serves as Treasurer;
- "Co-opted Members", with no voting rights, designated on the recommendation of the Board.
  Co-opted Members do not need to be representatives of member institutions.

1.3 OECI OFFICES

1.3.1 Central Office

c/o Fondation Universitaire,
11, Rue d'Egmont, B-1000 Brussels, Belgium.
Tel +32 2 512 0146; Fax +32 2 513 64 11;
e-mail: oeci@oeci.eu, www.oeci.eu
OECI has its central office in Brussels, at the Fondation Universitaire, located near the city centre and to the EC Research Directorate General. The Fondation Universitaire is a Belgian historical institution established in 1916 with the aim of promoting academic and scientific collaboration by creating a meeting place for university professors and researchers from Belgium as well as from abroad. In 1922, this wish led to the establishment, on the premises of the University Foundation, of a University Club that offers administrative services but mainly creates the opportunity for useful and friendly contacts. OECI, in respect of this tradition, established in 2005 its Central Office at the Fondation Universitaire for daily activities and to host small meetings such as that of the Executive Board.
The activities of the OECI Executive Secretary are linked with the Central Office. Mrs Lutgarde d'Hauwers of the AZ-VUB Cancer Centre acts as the assistant to the Executive Secretary.

1.3.2 President's Office

Fondazione IRCCS Istituto Nazionale dei Tumori,
Via Venezian 1, 20133 Milan, Italy.
Tel +39 02 2390 2032;
Fax +39 02 2390 2300/2032
marco.pierotti@istitutotumori.mi.it
daniela.majerna@istitutotumori.mi.it

Dr. Marco A. Pierotti is the Scientific Director of the Fondazione IRCCS - Istituto Nazionale dei Tumori in Milan, where the President's Office is located. Mrs. Daniela Majerna is Dr Pierotti's Assistant for International Relations.

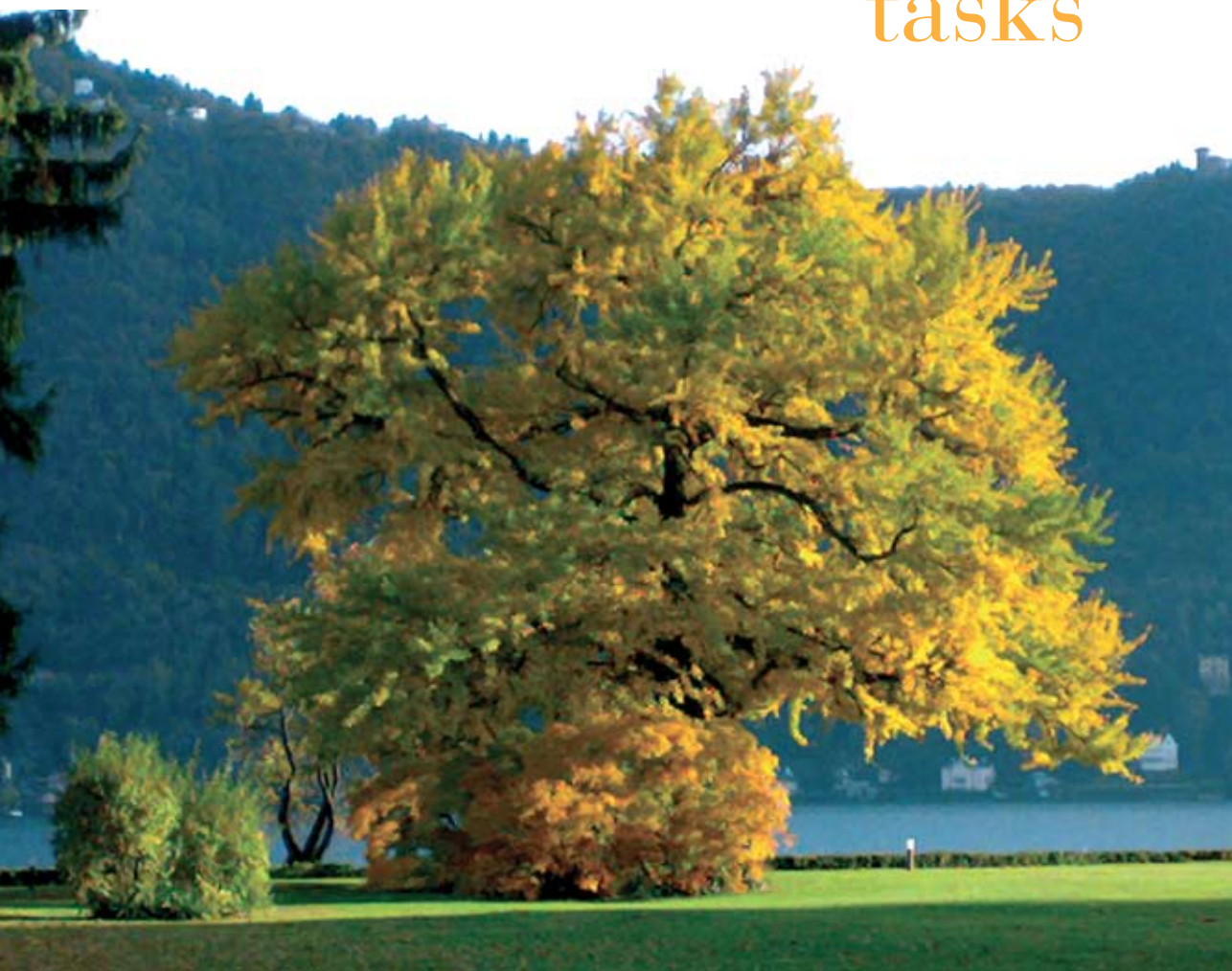
1.3.3 Coordinating Secretariat and Liaison Office

c/o IST Istituto Nazionale per la Ricerca sul Cancro,
Largo R. Benzi 10, 16132 Genova, Italy.
Tel +32 2 5120146; +39 010 5737 284/212/467/468; Fax +39 010 5737 493;
oeci@oeci.eu; www.oeci.eu

The OECI Coordinating Secretariat and Liaison Office is located at the International Scientific Cooperation Dpt. of IST, the Istituto Nazionale per la Ricerca sul Cancro - Advanced Biotechnology Center.
The OECI Office is coordinated by Claudio Lombardo with the following officers collaborating:
Francesca d'Alessandro: General Affairs and EC Project Manager
Germana Gianquinto: Project Manager
Nadia Nasso: Web Assistant
Giorgia Pesce: Membership and WGs Relations Officer
Tania Rondanina: Membership and WGs Relations Officer, Communication and External Affairs.

The OECI Liaison Office and Coordinating Segretariat.

Chapter 2
Working groups and special tasks



2.1 ACCREDITATION AND DESIGNATION

Chairpersons: Mahasti Saghatchian and Wim van Harten

Contacts:
Femke Boomsma, Acc. coordinator: accreditation@oeci.eu; boomsma@ikno.nl
Ingeborg van Gessel: Des. coordinator: designation@oeci.eu; i.v.gessel@nki.nl
Cécile Tableau: cecile.tableau@igr.fr

General background

Oncology is a speciality particularly suited to experiment a first application of accreditation at a European level. The OECI is a growing network of cancer institutes in Europe. The focus of the OECI is to work with professionals and organisations with regard to prevention, care, research, development, patient involvement and education. In order to fulfil its mission, the OECI initiated in 2002 an accreditation project with three objectives:

– To develop a comprehensive accreditation programme for oncology care, taking into account prevention, care, research, education and networking,
– To set up an updated data base of cancer centres in Europe, with exhaustive information on their resources and activities (in care, research, education and management),
– To develop a global labelling tool dedicated to comprehensive cancer centres in Europe, designating the various types of cancer centre organisations.

Accreditation background

Quality assessment and improvement is a critical need in Europe and is addressed by the OECI for cancer care in Europe. Accreditation is a well accepted process and is feasible. Standards and criteria as well as an electronic self assessment tool were developed in 2006. The OECI questionnaire gives an accurate vision of cancer institutions throughout Europe, helping to assess the needs and provide standards. The accreditation project is a long-term complete and voluntary process with external and internal added value, an active process of sharing information and experience that should help the whole cancer community reach comprehensiveness and excellence.

To validate the Accreditation Programme, all components of the programme were voluntarily tested in two pilot studies. Eight different pilot cancer centres in Europe involved:

Pilot 1: using the self assessment eTool of the Netherlands Cancer Institute in Amsterdam (The Netherlands), Institute Jules Bordet in Brussels (Belgium), Karolinska University Hospital in Stockholm (Sweden), and Institute Gustave Roussy in Villejuif (France).

Pilot 2: using the self assessment eTool and a peer review visit on site in Centre Georges-François Leclerc in Dijon (France), National Institute of Oncology in Budapest (Hungary), Instituto Tumori in Bari (Italy), and University Hospital Brussels (only self assessment).

The objectives were:
- to assess the feasibility, reproducibility and acceptance of the Accreditation Programme;
- to improve the standards and criteria in terms of understanding and consensus;
- to validate the peer review methodology and establish a method for reporting and implementing an improvement plan;
- to provide a preliminary system of designation of comprehensive cancer centres based on criteria of high-quality integrated research, care and education.

The revised and validated accreditation electronic tool has been established, defining standards and criteria for general organisation and management, prevention, care, research and development, education and patient involvement. A quantitative data base of cancer centres is integrated in the tool, with a questionnaire, which provides an overall view of the oncology landscape in OECI (cancer) centres in Europe. Data on infrastructures, resources and activities have been collected. This OECI accreditation tool was launched in the Fall of 2008 for all cancer centres in Europe.

Designation background

The OECI Accreditation programme aims to stimulate quality and comprehensiveness of cancer institutes in Europe. With the first accreditation pilots in 2007, the effort to reach more harmony began. Such developments in accreditation have recently urged the OECI to develop and implement a system to which European cancer institutes can be designated as well. Such a system must create a platform in which synchronization and benchmarking of cancer activities will be possible on an international scale. Additionally, it must be a tool for cancer institutes to ensure and improve their quality standards.

By making an effort to gain designation status, the idea is that they will be stimulated to disseminate knowledge and to form coalitions with other institutes that are also designated. This allows cancer institutes to benefit from one another and to reach to a critical mass in cancer services.

The key word in the designation of European cancer institutes will be the level of comprehensiveness. The philosophy behind comprehensiveness is: if all relevant competences, skills, resources and tools concerning cancer care and research are brought together and integrated, it will lead to an outcome that is larger, on the whole, than the sum of its parts (Ringborg, 2008). Comprehensiveness, in that sense, can be seen as the new basic principal for how cancer activities institutionally should be organized.

For different types of cancer centres, organisations will be distinguished: Cancer Unit, (Specialized) Clinical Cancer Centre, Research Cancer Centre and Comprehensive Cancer Centre. The type of cancer organisation indicates the comprehensiveness of the services and the degree of specialisation. It is not a measurement on quality of the cancer centre.

Designation is focussed on quantitative data whereas accreditation is focused on quality. Both systems do not exclude one another but rather complement or even strengthen each other.

The objective of the designation project

To validate of a designation system to offer an exclusively OECI accreditation programme for each type of cancer institute create a platform in which synchronization and benchmarking of cancer institutes will be available on a European scale.

Report of 2009 activities

The validated accreditation programme was launched on October 16th, 2008 in Paris. As planned by the OECI board, a system of designation is to be combined with accreditation, and a project was started in June 2009 to develop this. During the OECI General Assembly in Manchester, the OECI designation project was presented. The objective is to schedule a final proposal for approval at the OECI-General Assembly in 2010. Designation will then be combined with accreditation, and the combined approach can begin in 2010.

New Organisational structure for accreditation and designation

In July 2009, the new organizational structure of the OECI Accreditation and Designation group was approved during an OECI board meeting. The group exists of an accreditation and designation board and five subgroups.

Board: Mahasti Saghatchian (chair), Dominique de Valeriola, Renée Otter and Wim van Harten.

Responsible for accreditation: Henk Hummel, Femke Boomsma and Chris Harrison.

Responsible for designation: Wim van Harten, Ingeborg van Gessel, Macs Rossielle.

Responsible for partnerships: Marco A. Pierotti, Ulrik Ringborg, Thomas Tursz.

Responsible for education: Angelo Paradiso.

Responsible for indicators: this group starts in 2010.

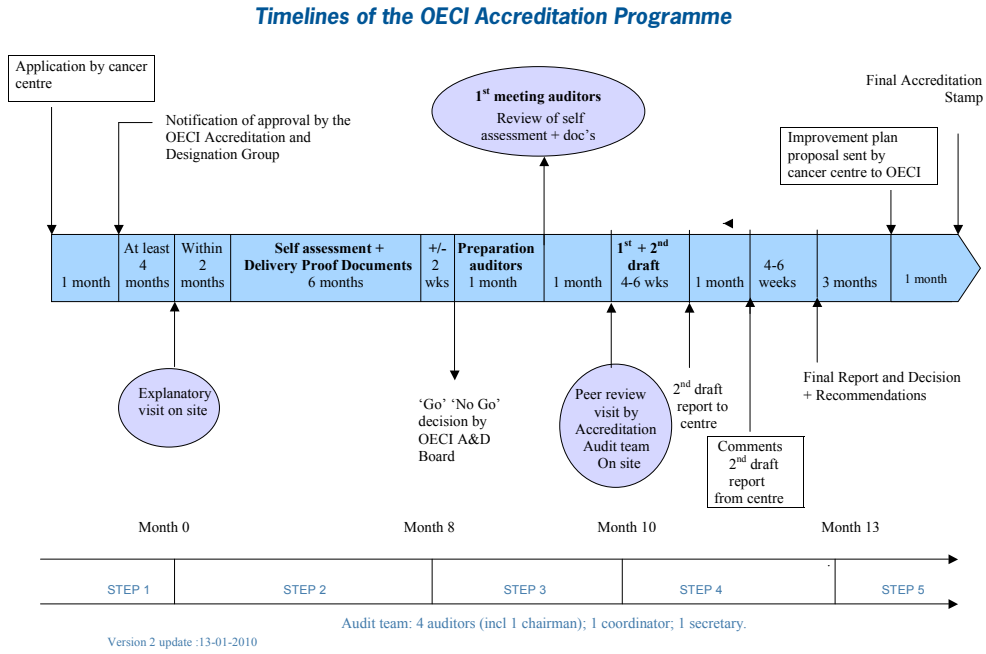
Delegates from the groups outline the Management Unit; they meet every month with delegates from the board. The Management Unit exists of: Henk Hummel (Programme manager), Femke Boomsma (Accreditation coordinator), Ingeborg van Gessel (Designation coordinator), Cécile Tableau (Secretariat), and Bert Koot (subcontracter) of Compusense (designer, administrator and trainer of the self-assessment e tool).

New staff

– Femke Boomsma was contracted in September 2009 as Accreditation Coordinator working under the supervision of Henk Hummel, location Groningen, The Netherlands.
– Ingeborg van Gessel has been contracted since April 10th 2009 as Designation Project Coordinator under the supervision of Wim van Harten, location Amsterdam, The Netherlands.

Cancer centres participation

Schedule of participation in the accreditation programme:



Participation in accreditation:

- Three cancer centres began the self assessment period in 2009.
- By the end of 2009, 12 centres had applied to the programme.

Name of institute	City	Country
Fundacion Instituto Valenciano de Oncologia	Valencia	Spain
Helsinki University Central Hospital	Helsinki	Finland
Institute Gustave Roussy	Villejuif	France
Institute Jules Bordet Brussels	Brussels	Belgium
Institute of Oncology of Vilnius University	Vilnius	Lithuania
Instituto Portugues de Oncologia de Coimbra	Coimbra	Portugal
Instituto Portugues de Oncologia do Porto Francisco Gentil	Porto	Portugal
Instituto Portugues de Oncologia Lisboa	Lisbon	Portugal
Netherlands Cancer Institute Antoni van Leeuwenhoek	Amsterdam	The Netherlands
Rikshospitalet University Hospital	Oslo	Norway
The Christie NHS Foundation Trust	Manchester	United Kingdom
University Hospital Brussels	Brussels	Belgium

Participation in designation:

Name of institute	City	Country
Centre Henri Becquerel	Rouen	France
CNIO Spanish National Cancer Research Centre	Madrid	Spain
Deutsches Krebsforschungszentrum (DKFZ) and National Center for Tumor Diseases (NCT)	Heidelberg	Germany
Dokuz Eylül University, Institute of Oncology	Izmir	Turkey
Fondazione IRCCS Istituto Nazionale dei Tumori, Milan	Milan	Italy
Grupo IMO Grupo instituto madrileño de oncologia	Madrid	Spain
Helsinki University Central Hospital	Helsinki	Finland
I.O.V Instituto oncologico beneto i.r.c.c.s.	Padova	Italy
ICO Institut català d'oncologia	Barcelona	Spain
IEO European Institute of Oncology	Milan	Italy
IFOM Firc institute of molecular oncology foundation	Milan	Italy
Institut Curie	Paris	France
Institut Gustave Roussy	Villejuif	France
Institut Sainte Catherine	Avignon	France
Institute of Oncology Ljubljana	Ljubljana	Slovenia
Institute of Oncology of Vilnius University	Vilnius	Lithuania
Institutul Oncologic "Prof. Dr. I. Chiricuta"	Cluj-Napoca	Romania
IRCC Institute for Cancer Research and Treatment	Candiolo	Italy
ISO Istituto Superiore di Oncolgia	Naples	Italy
IST Istituto Nazionale per la Ricerca sul Cancro (INRC-National Cancer Research Institute)	Genova	Italy
Istituto di Ricerche Farmacologiche 'Mario Negri'	Milan	Italy
Istituto Nazionale per lo Studio e la Cura dei Tumori Fondazione G.Pascale	Naples	Italy
Istituto Tumori	Bari	Italy
IVO Fundación Instituto Valenciano de Oncologia	Valencia	Spain
Karolinska Institutet	Stockholm	Sweden
Maastricht Universitair Medisch Centrum, Oncologiecentrum	Maastricht	The Netherlands
Masaryk Memorial Cancer Institute	Brno	Czech republic
National Institute of Oncology	Budapest	Hungary
NEMC The North Estonia Medical Centre	Tallinn	Estonia
Oncologic Center, UZ Brussels	Brussels	Belgium
Sahlgrenska University Hospital Cancer Centre- Department of Oncology	Gothenburg	Sweden
Slovak Comprihensiev Cancer Center/ St. Elisabeth Cancer Institute	Bratislava	Slovakia
Tartu University Hospital Hematology-oncology Clinic	Tartu	Estonia
The Christie NHS Foundation Trust	Manchester	United Kingdom
The Netherlands Cancer Institue	Amsterdam	The Netherlands
University Scientific Institute San Raffaele	Milan	Italy
Wielkopolskie Cancer Center	Poznan	Poland

Dissemination and contribution to Public Health Policies

– Contribution to FP7

Contribution to the project submitted by OECI centres to the European Commission in FP7 for Research and Development (Work programme topics addressed: HEALTH 2.4.1-2): A European Platform for Translational Cancer Research.
Proposal acronym: **EUROCANPLATFORM** (Type of funding scheme: Network of Excellence)
Work package 12 title: "Quality assessment, accreditation and metrics". (Coordinators: Mahasti Saghatchian, Wim van Harten).

The objectives of the work package are:
– To develop and to deliver a system for quality assessment on appropriate levels of participating comprehensive cancer centres and research centres,
– To develop a system for assessing and monitoring the translational research programme performance in the network in terms of production of activity and innovation.

– Contact with national governmental bodies

Mahasti Saghatchian submitted a proposal to Cancéropôle, Ile-de-France for organising a national conference on the OECI accreditation designation programme.
Mahasti Saghatchian and Dominique de Valeriola had a meeting with representatives of the National Cancer Institute of Belgium for development of the programme for all Belgian centres.
Mahasti Saghatchian presented the programme to Italian Cancer centres representatives during a meeting with national health ministry representatives in Rome.

Management Activities

The OECI Accreditation Board and Management Unit have a physical meeting or teleconference on the first Thursday of each month.

Management work visit to JACIE in Barcelona

On 15 December 2009, Henk Hummel and Femke Boomsma visited the JACIE organisation in Barcelona, Spain, and met with Eoin McGrath, JACIE Accreditation Executive Officer. The content of the work visit was to share and exchange knowledge, information and experiences about both accreditation programmes and to explore future cooperation.

The following table shows the activities of the Accreditation Management Unit.

Standards/ questionnaires	Maintenance and development
	Revising standards/ model
eTool	Design and maintenance
	Adapting/innovating
	Organizing eTool training

Financial	Responsible for payment orders of fees
	Annual budget planning
	Annual budget approving
	Processing reimbursements
	Providing quarterly overview of income/expenditures
	Assessing quarterly income/expenditures
Marketing	Recruitment of new centres
	Conferences (presentations/booth)
External/ international cooperation	Building/searching cooperation with external partners
	Newsletter writing
	Newsletter editing
	Newsletter distribution
	Website (oeci.selfassessment.nu)
	OECI General Assembly
Procedures/ policy	Developing accreditation procedures and user manual
	OECI accreditation policy making
	Decision making on accreditation procedures and OECI policy
	Monitoring/ evaluation OECI accreditation. Policy
	Monitoring/ evaluation accreditation procedures
Internal communication	Planning meetings
	Agenda monthly meeting
	Participating in monthly meeting
	Participation in three monthly meetings of Accreditation Board
	Participation Advisory Group meeting
	Maintenance and distribution of action list and decision list after meetings
	Minutes of meetings
Applications/member management	Processing application
	Approving new applications
Accreditation programme	Guiding/coaching centres in application, self assessment and preparing peer review
	Explanatory visits (by two persons)
	Preparing peer review agenda
	Peer review agenda approving
	Audit team coordinator
	Analysing and approving self assessment results
	Guiding auditors in writing peer review report
	Editing peer review reports
	Discussing and approving peer review reports
	Drawing improvement points/recommendations

	Approving improvement points
	Auditors preparation meeting: planning and organizing
	Accreditation Committee Teleconference: planning and organizing
	Teleconference Accreditation Committee
	Evaluation accreditation programme with centres/auditors
	Final authorization of peer review report
	Dealing with and solving major issues between OECI Accreditation
	and centre or complaints
Management	Programme Manager: Supervising accreditation coordinator before, during and after accreditation process
	Selecting members Accreditation Accreditation Committee
	Accreditation Board: ask for consultation of
	Accreditation Programme of Advisory Group
	Members of Accreditation Committee are nominated by Accreditation
	Board
	Members of Advisory Group are selected and nominated by
	Accreditation Board
Auditors	Co-trainer
	Content of training
	Organization of training
	Recruitment auditors
	Composition of audit teams
	Guiding auditors in preparation peer review
Designation	An important first step in defining the designation criteria was a survey among all OECI members to test the questionnaire. Based on this survey, the criteria and definitions will be refined.
	In the period from September 2009 to January 2010, a survey was answered by 37 OECI cancer institutes and they completed an online questionnaire with quantitative data. The aim was to design a decision quantitative schedule for the designation of cancer organisations.
	The first concept of the designation decision schedule was approved by the OECI ExCom board on February 12, 2010.

Training: Auditors training and e tool training

The Accreditation and Designation Group organised three audit trainings in total. In 2009, there were three audit training sessions:
– May 2007: Seven auditors trained in a one day session by Kerteza,
– March 2009: Six auditors trained in a one day session by Kerteza,
– November 2009: Fifteen auditors trained in a two day session by Kerteza.

Picture of participants of audit training November 2010

During the OECI meeting in Manchester, an e-tool training session was held by Bert Koot to demonstrate the use the electronic self assessment tool.

Contribution to Scientific Meetings

General Assembly in Manchester May 2009
– Presentation of the Accreditation Programme by Henk Hummel,
– Presentation of the Designation project by Prof. Dr. W. van Harten, vice-president of the OECI,
– Presentation of the Designation project plan by Ingeborg van Gessel to the OECI Board.

Contribution to conferences
– 26th ISQUA International Conference from 10-14 October 2009 in Dublin: Henk Hummel presented an oral and poster presentation about the validation of the accreditation programme,
– ECCO 15/ 34th ESMO from 20-24 September in Berlin: Femke Boomsma and Ingeborg van Gessel were in the OECI booth presenting information about accreditation and designation.

Current situation
– A final proposal for approval of the designation pilot project will be presented during the General Assembly in June 2010,
– Thirteen centres have applied to the accreditation programme,
– The first three cancer centres have finished the self assessment, and one of the centres recently had (1 and 2 March 2010) the peer review site visit,
– Two other peer review visits are planned,

Boosting Quality in dedicated European cancer centres

a global selfassessment and peer review quality programme

Hummel, H.[1], Saghatchian, M.[2], Otter, R.[1], de Valeriola, D.[3], Van Harten, W.[4], Paradiso, A.[5], Ringborg, U.[6], Tursz, T.[7], Harrison, C[8]

[1]Comprehensive Cancer Centre North East, Groningen/Enschede, The Netherlands, [2]Institut Gustave Roussy, Paris, France, [3]Netherlands Cancer Institute, Amsterdam, The Netherlands, [4]Karolinska Institutet, Stockholm, Sweden, [5]Institut Jules Bordet, Brussels, Belgium, [6]University of Medicine, Groningen, The Netherlands, [7]Institut Gustave Roussy, Paris, France, [8]The Christie, Manchester, England

Objective

Oncology is a speciality requiring a combination of multidisciplinary expertises, novel technology, integration of innovation into care, education and research efforts in order to improve the quality of life and survival of patients. Provision of high-quality care and improvement of disease outcome should be promoted in cancer centres.

Methods

The Organization of European Cancer Institutes (OECI) developed an Accreditation Programme. The outcome of the programme shall provide cancer centres a transparent input for continuous quality improvement. To validate the Accreditation Programme all components of the programme were voluntary tested in 8 different cancer centres in Europe.

The objectives were:

- To assess the feasibility, reproducibility and acceptance of the Accreditation Programme;
- To improve the standards and criteria in terms of understanding and consensus;
- To validate the peer review methodology and establish a method for reporting and implementing an improvement plan;
- To provide with a preliminary system of designation of comprehensive cancer centres based on criteria of high-quality integrated research, care and education.

Results

The pilots resulted in the OECI accreditation programme, which contains:

1. Electronic selfassessment tool including:
   a. Quantitative questionnaire assessing the human, technical and financial resources and activities in care, research and education dedicated to oncology;
   b. A set of standards and criteria for high-quality cancer management with a scoring system of compliance;
2. Review of the selfassessment outcomes and peer review on-site of the centre;
3. Peer review report with strengths and recommendations for quality improvement;
4. Improvement plan with actions to fulfil criteria for high-quality comprehensive cancer patient management.

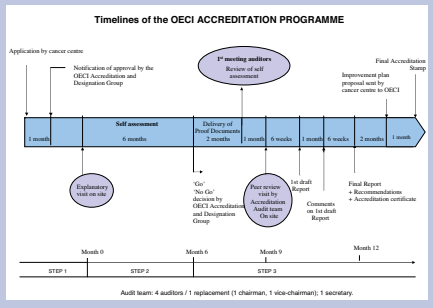
Conclusions

All the validated components from the OECI Accreditation Programme are implemented. Participation to the Programme provides cancer centres with innovative and integrated comprehensive cancer patients management.

OECI Accreditation subjects and principles

The Accreditation Programme standards cover the following areas:

- *General standards, strategic plan and general management;*
- *Screening, primary prevention and health education;*
- *Care;*
- *Research, innovation and development;*
- *Teaching and continuous education;*
- *Information and involvement of patients.*



Contact information OECI Accreditation, P.O. Box 330, 9700 AH Groningen, The Netherlands • E-mail h.hummel@ikno.nl
Phone +31 88 234 55 00 • Fax +31 88 234 55 99 • http://oeci.selfassessment.nu

Poster presented on ISQUA 2009

– Three centres are working on their self assessment,
– The explanatory visits will be planned for the remaining centres,
– The accreditation procedures have been approved by the OECI Board,
– The new proposed accreditation structure has been approved by the OECI Board (draft 1),
– The Accreditation and Designation Group publishes a newsletter every two months,
– During the site visit of different OECI institutes, validating the designation schedule and observing how designation can be integrated with accreditation in practice,
– Integrating the designation project into the accreditation programme as proposed in draft 2.

Objectives for 2010

– Finalising the designation system,
– Integrating Accreditation and Designation,
– Disseminating the programme: At least 10 new cancer centres are to apply for accreditation,
– Presenting the Accreditation and Designation Programme during the General Assembly,
– Presenting the Accreditation and Designation Programme on ASCO (American Society of Clinical Oncology) 2010 in Chicago and on ISQUA 2010 (abstracts have been submitted),
– Organising an e tool workshop during the General Assembly,
– Developing research on indicators,
– Developing collaborations with ECO/ESMO,
– Re-organisation of the organisational structure of the accreditation programme (new structure attached): creating an accreditation committee and accreditation advisory group,
– Searching external funding (EU, Pharma, Ministries …).

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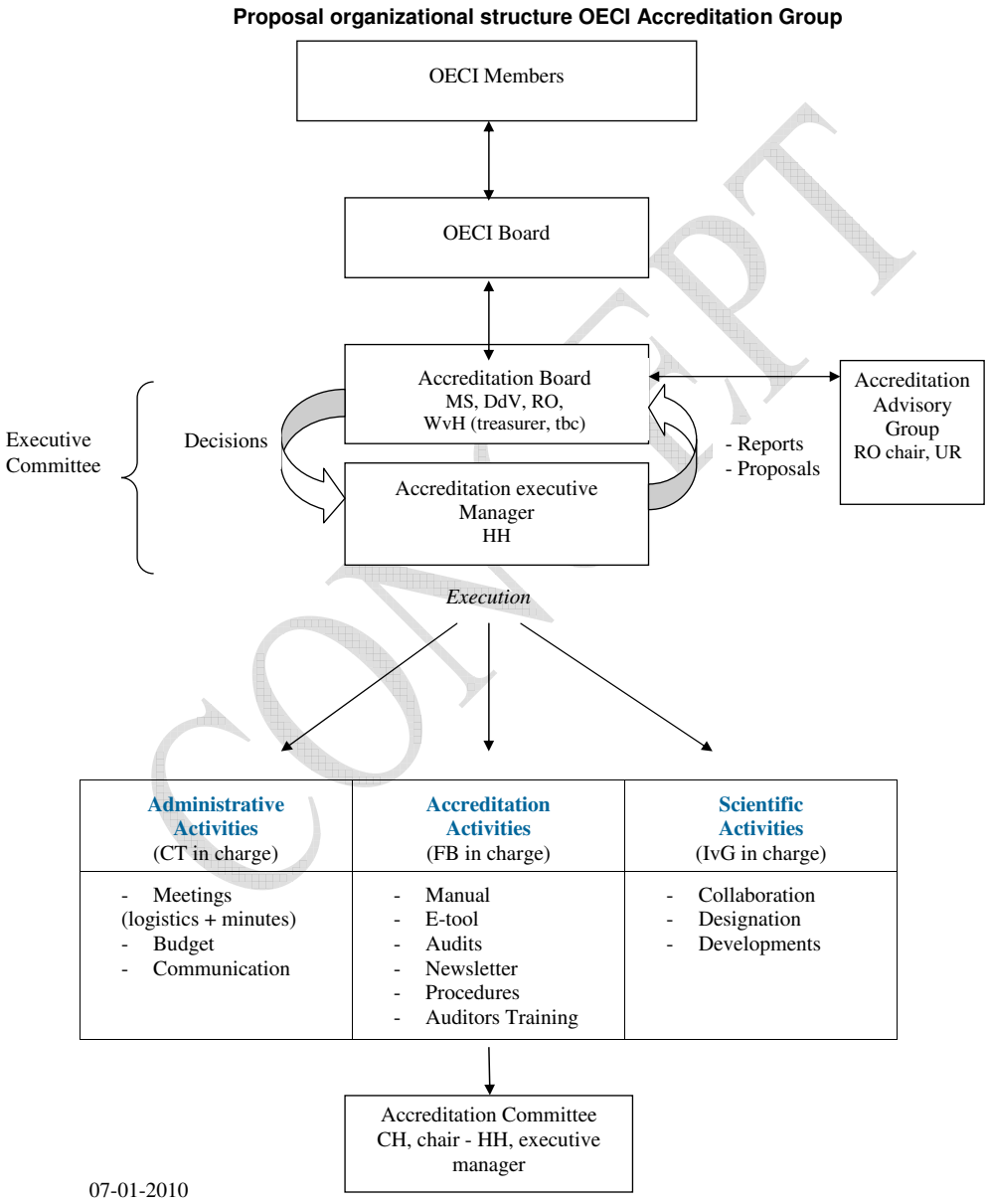
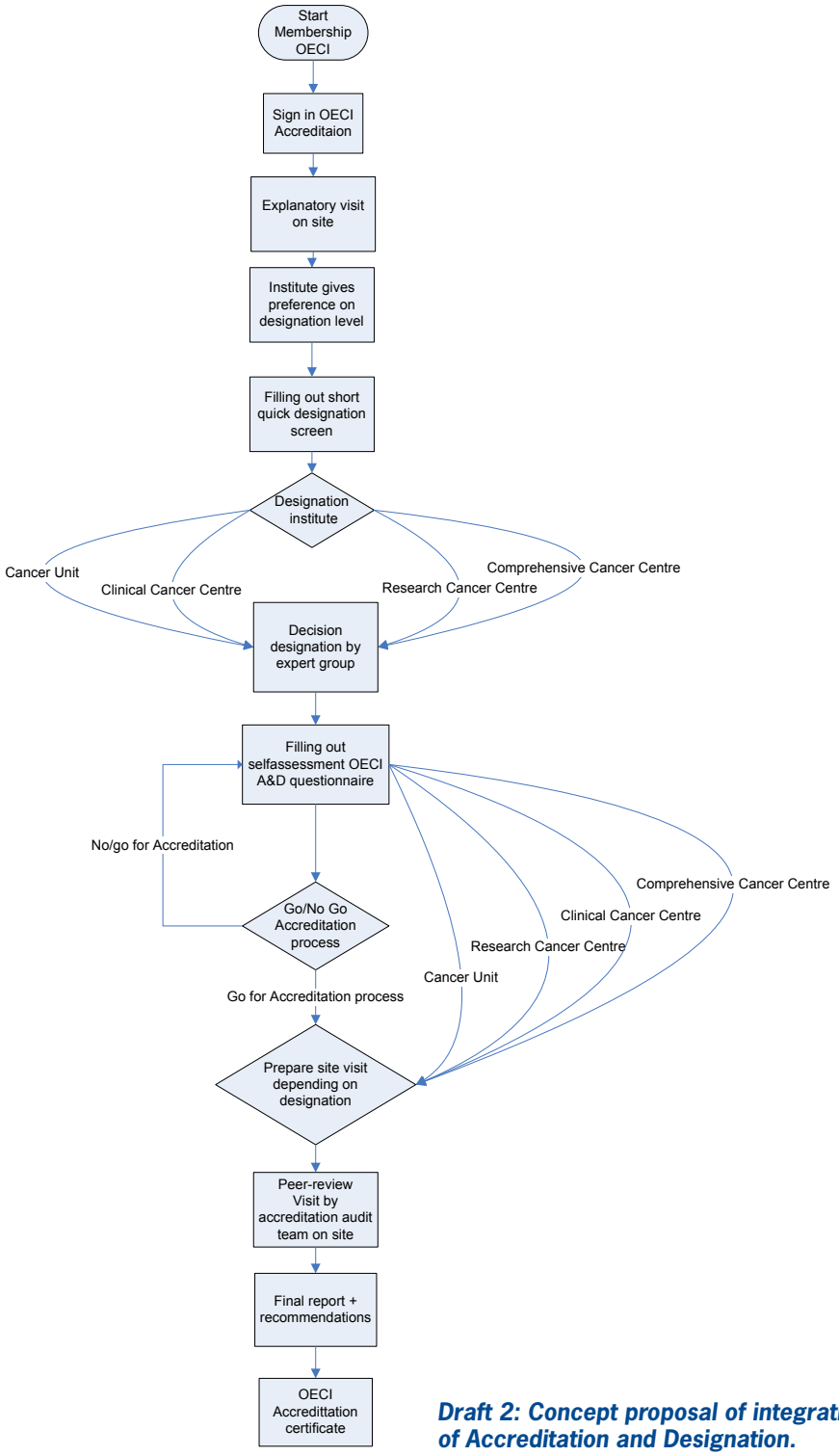
Towards quality, comprehensiveness and excellence. The accreditation project of the Organisation of European Cancer Institutes (OECI). Mahasti Saghatchian, Henk Hummel, Renée Otter, Dominique de Valeriola, Wim Van Harten, Angelo Paradiso, Bert Koot, Ulrik Ringborg, Thomas Tursz, on behalf of the Organisation of European Cancer Institutes. Tumori Journal of Experimental and Clinical Oncology, 2008 April/May; 94: 164-171.

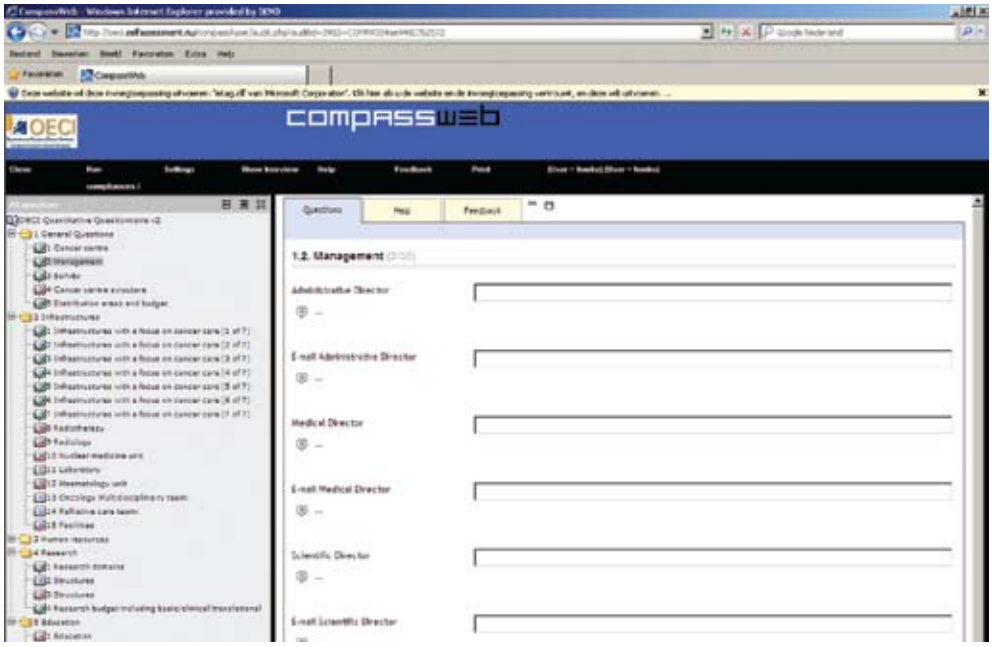


Draft 1: Concept proposal of new organisational structure. MS: Mahasti Saghatchian, DdV: Dominique de Valeriola, RO: Renée Otter, WvH: Wim van Harten, UR: Ulrik Ringborg, HH: Henk Hummel, CT: Cecile Tableau, FB: Femke Boomsma, IvG: Ingeborg van Gessel, CH: Chris Harrison.

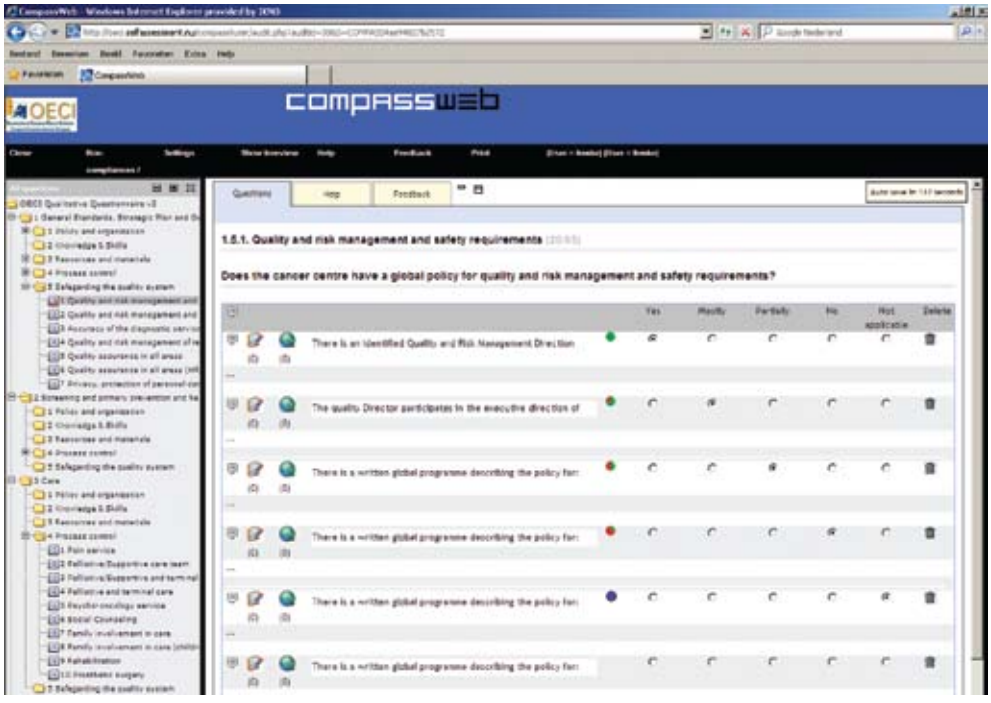


Draft 2: Concept proposal of integration of Accreditation and Designation.

Attachments



Screenprint of the accreditation quantitative questionnaire.



Screenprint of the accreditation qualitative questionnaire.

2.2 EDUCATION AND TRAINING

Chairperson: Angelo Paradiso

Contact:
Silvana Valerio: education@oeci.eu

The Education and Training Working Group (ETWG) of OECI is aimed at coordinating and implementing the educational activities of the European Cancer Institutes by promoting closer relationships among OECI members in the field of Education and by defining a better connection with other European oncological bodies, such as the European School of Oncology (ESO), ECCO, and ESMO among others. This working group, managed by Claudio Lombardo until May 2008, moved to the coordination of Angelo Paradiso, Scientific Director of the National Cancer Institute "G. Paolo II" of Bari starting from June 2008.

Education and Training Working Group
First Meeting
Chairman: A. Paradiso
Rome, January 27th 2009
10.30 a.m. 5.30 p.m.
Sala Bovè
Istituto Superiore di Sanità

	Welcome and coffee
10. 45 12.30	**Introduction** C. Lombardo - IST Genova - Italy, Special Assistant of the OECI President A. Paradiso - NCI Bari - Italy, Chair of the Education Working Group
	The OECI scenario (A. Paradiso – NCI Bari, Italy) **Realities and needs in OECI members: the basis for a survey** (S. Valerio - NCI Bari, Italy) **Collaboration with ESO: e-groundrounds and more** (C. Melcher - European School of Oncology, Switzerland)
12.30 -13.00	**Discussion**
13.00 -14.00	Break
14.00 -17.00	**Proposal for an European Curriculum for the training of oncology specialities** (C. Polgár - Hungarian National Institute of Oncology, Hungary) **Post graduate education in oncology Institutes in Turkey** (N. Olgun - Dokuz Eylul University, Institute of Oncology, Turkey) **Patient education: a crucial point for a Comprehensive Cancer Centre** (P. De Paoli - Centro di Riferimento Oncologico – IRCCS, Italy) **The Accreditation of European CME programmes in oncology** (F.Van Hemelryck - ECCO, Belgium) Collaboration with other European Oncology Societies (A. Paradiso – NCI Bari, Italy) **Budget discussion**
17.00 – 17.30	**Conclusions**

In 2009, different actions were taken to achieve the ETWG's goals. The working group had a first meeting in January at the Istituto Superiore di Sanità, Rome, where the main objectives for future actions were discussed.
The meeting was attended by a large number of the referents of educational activities of OECI Institutes. An Executive Committee formed by Angelo Paradiso, Cathrina Melcher (ESO, Switzerland), Csaba Polgàr (National Institute of Oncology, Budapest – Hungary), Chris Harrison (Christie Hospital NHS Foundation Trust, UK), Nur Olgun (Dokuz Eylul University, Institute of Oncology, Turkey) and Paolo de Paoli (Centro di Riferimento Oncologico, IRCCS Aviano, Italy) was appointed.

During the first meeting in Rome, several actions were decided upon, and among them, priority was given to the realization of the following initiatives: 1) A European survey to be conducted among OECI members to better know educational and training activities planned for 2009. Topics, questions and details of the questionnaire to be disseminated were discussed; 2) A European survey on characteristics of postgraduate curricula for oncologists in different countries with special focus on the role of comprehensive cancer centers during the training process; 3) Implementation of OECI collaboration with the ESO in promoting common educational activities; 4) Implementation of educational events accredited according to international criteria established by OECI members; 5) Debate on how to approach the problem of organization of patient educational policies in different institutes and countries through an ad hoc meeting in Aviano.

A second ETWG Meeting was held in May 2009 in Manchester, during which updates regarding ETWG activities were pointed out. Angelo Paradiso presented the preliminary results of the survey on European educational activities. Paolo De Paoli described "Cignoweb", the Italian data base of information resources in oncology and allied sciences for patients and citizens, whose main objective is the creation of a repository of digital material related to cancer information and other health topics produced in every country as a basis for a web portal, for patients and citizens using international models and according to the interoperability criteria of the European Digital Library. Csaba Polgar discussed the preliminary results of the survey: "Postgraduate curricula for oncologists in different countries: which role for comprehensive cancer centers — a preliminay report of the OECI survey", emphasising the central role of comprehensive cancer centers in the postgraduate education of oncology disciplines.

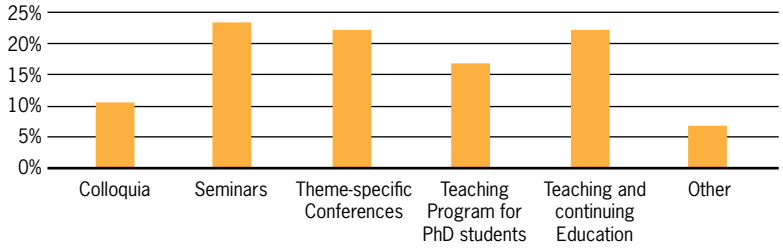
Education activities in the European Cancer Centres: an OECI survey.
Due to the nature of the discipline, education in oncology requires a complex approach with availability of interdisciplinary professionalism and continuous updating of knowledge. The idea of the working group is that the optimal structure, in which all the aspects concerning the elaboration of an educational plan could be performed, is the comprehensive cancer center, where various aspects such as research and clinics, various disciplines, and various technologies are naturally integrated.

For these reasons, the Group was interested in the conduction of a survey among the Cancer Centres aimed at collecting information about the modalities to realize their educational activities. It is maintained that knowledge of the existing differences among the European systems of education will be useful to develop a better and common plan of action. The survey involved 59 cancer institutes with a questionnaire of 18 items regarding the educational activities they conducted in 2009. Specifically, information was asked about characteristics of their scientific program, the educational material they used, the annual budget they allotted to education, the number and characteristics of people taking part in their educational activities, the involvement of patient and family, and qualifications of the educational staff. After a first and a second request, 19 questionnaires had been received.

Important information obtained from these questionnaires is noteworthy.

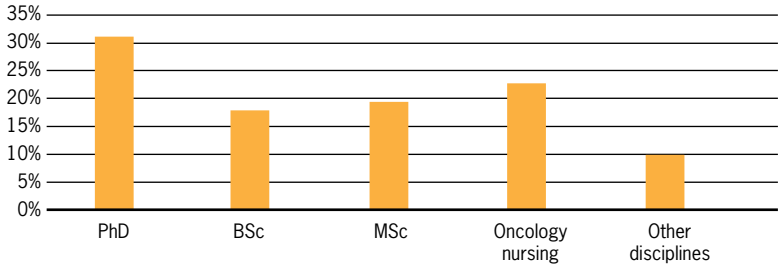
a) All the institutes organize their activity according to a specific yearly plan supported by a specific annual budget in 78.9%.
b) As regards the characteristics of educational events, in 23% they are seminars on particular topics, in 23% activities providing Continuing Medical Education credits, and in 22% scientific conferences on specific topics.

STRUCTURE OF SCIENTIFIC PROGRAMME



c) Sixty-two percent of the institutes reported to have an effective process to verify and evaluate staff credentials, licence, education, training and experience.
d) Thirty percent of the participating institutes provide educational programs specific for Ph.D.'s and 23% for oncology nursing. Even more interesting, most of the institutes organize educational activities addressed to patients (in 73.3%).

PARTECIPATION OF THE INSTITUTES TO TEACHING ACTIVITIES



e) Only 5.3% use an international system of accreditation.

From this preliminary analysis, we can conclude that most of the cancer institutes organize relevant educational activities with a specific organization and budget and involvement of a relevant number of specialists, patients and nurses. Educational programmes are generally based on the analysis of needs and also involve patients. Conversely, one of the main limitations seems to be the lack of international exchange programmes among comprehensive cancer centers and, directly related to that, the characteristic, mainly national or local educational programmes planned by each comprehensive cancer center.

Oncology Discipline in European Countries: rules in OECI Member States

A survey of educational systems in OECI member states, focusing on the role of comprehensive cancer centers in oncology education, was arranged and conducted by Csaba Pòlgar (National Institute of Oncology, Budapest, Hungary) and Nur Olgun (Dokuz Eylul University, Institute of Oncology, Turkey). Questions were about the educational system for all disciplines, such as medical oncology, radiation oncology, surgical oncology and paediatric oncology. Questions were asked about the training systems including curriculum, log books, duration, board examinations, and participation at the centers by trainees. Comments were also received about the harmonization of the educational systems in Europe and the role of comprehensive cancer centers in postgraduate education. Questionnaires were sent to all OECI member countries. Centers from 13 countries replied, but no information was received from 11 countries including Bulgaria, Greece, Norway, Romania, Finland, Spain, Sweden, Slovakia, Netherlands, UK, and Denmark. The results of the questionnaire may not reflect the whole European oncological profile because of the low response rate. Questions about the system of postgraduate education raised some confusing issues. At a glance, we noted that system of the postgraduate education for every specific discipline was not standardized. The postgraduate education system was unified throughout each country, except for one. In all countries except one, disciplines have a minimum required curriculum, and in 69% of the cases the curriculum is prepared by national authorities and for the rest, by national and/or international organizations. Except for one country, all centres use logbooks for evaluation of the students. Obligatory board examinations for medical and radiation oncology exist in most of the countries. However, it is not the same for surgical and paediatric oncology. Comprehensive cancer centers (74%) involved in the survey participate with full authority in the postgraduate education of trainees in both medical and radiation oncology.

On the evaluation of the comments about the role of comprehensive cancer centers in education for oncological disciplines, a few points became evident: comprehensive cancer centers should have a leading role in postgraduate education; and comprehensive cancer centers should coordinate educational activities concerning basic and clinical research.

Implementation of OECI collaboration with the ESO in promoting common educational activities

Following the decision of the OECI Board Meeting, a close collaboration between the ESO and OECI was launched. The action started from consideration of the positive synergistic effect this cooperation could have in terms of becoming available for the worldwide educational activities of the ESO, the unique know-how of operators from comprehensive cancer centers, and vice versa, for these Centers, to implement the participation of their people to educational activities of the ESO. These goals have been pursued through two new actions: a) the collaboration of comprehensive cancer center scientists to e-groundrounds organization; b) the organization of OECI-ESO common courses.

ESO e-groundrounds are web sessions held live and, since January 2009, the programme has been granted with Continuing Medical Education credits by the Accreditation Council of Oncology in Europe (ACOE) and American Medical Association Physician's Recognition Award (AMA-PRA). Two ESO-OECI e-groundrounds were organized during 2009. The first one was held on 10th September 2009. The title was: "Role of industry-sponsored and independent trials in the development of new anticancer drugs". The speaker was Paolo Bruzzi from the National Institute for Cancer Research of Genoa, Italy. The discussant was Daniel Helbling, Onkozentrum Zurich, Switzerland. The second e-grounround entitled: "Breast cancer heredity" was held on 26th November by Stefania Tommasi from the National Cancer Institute of Bari, Italy, and discussed by Fatima Cardoso from Jules Bordet Institute, Brussels, Belgium. A series of new e-groundrounds chaired by scientists of OECI has been planned for 2010.

The interest of OECI and ESO to realize common courses will permit in 2010 organization of an international course on "Biobanking for cancer research: rules and roles", which will be held on 12-13 November 2010 at the National Cancer Institute "G. Paolo II" of Bari, Italy. The course will be supported by ESO, OECI, EORTC and NCI of Bari. It will be chaired by Angelo Paradiso, Peter Riegman (chair of Biobank and Pathobiology WG, Rotterdam, Netherlands) and Maria Grazia Daidone (chair of the PathoBiology Group of EORTC).

Three main sessions will be discussed:
1) Regional, national and international biobanking scenario;
2) Regulatory and technical standards;
3) Cancer research biobanking.

European labelling of educational oncology events: the opportunity of ACOE accreditation

Considering that only a minority of educational events performed by comprehensive cancer centers are accredited according to European official criteria, the working group considered urgent the need to increase the number of events of European quality that could be accredited for European continuing medical education activities in oncology.

The ACOE was established in 1999 as a Committee of the European Cancer Organisation – ECCO (formerly FECS) with the main function to assess the quality and educational value of international CME activities in oncology (live events and e-learning materials). It works in conjunction with the UEMS EACCME for the validation of CME credits as European CME credits. Eighty-two live events were ACOE accredited in 2008.

One of the goals of the ETWG is the accreditation of OECI educational oncology activities by ACOE. One of the first OECI events ACOE accredited was a meeting held in September in Bari. It was accredited by ACOE through the ETWG secretarial staff. The Meeting "Hereditary breast & ovarian cancers: risks and challenges" organised by NCI of Bari and New York University, US, under the auspices of NCI-NIH, gathered several scientists and young students from Europe and the USA. For 2010, the goal is to receive ACOE accreditation for three OECI events.

Patient educational policies

A goal of the ETWG is patient education. For this purpose, a meeting to be held in Aviano, Italy, next November has been planned. In fact, the event will be focused on the presentation of Cignoweb, the Italian data base of information resources in oncology and allied sciences for patients and citizens as previously described.

European projects

The ETWG participated in several proposals of European projects, applying for funds to FP7. Important is participation in the "Eurocan Platform Project" coordinated by Ulrik Ringborg (Karolinska Institute, Stockholm), which has the objective to set up new methodologies and technologies and reach new scientific acquisition in the field of cancer research. The ETWG will collaborate to facilitate the realization of Eurocan Platform research actions through educational activities concerning translational research, new methodologies and technologies addressed to scientists, young researchers and patients. The main tasks will be: interaction with the other working packages of the project; analysis of available tools through a common questionnaire to investigate education reality and analysis of educational activities in ESO, ECCO, FESB, ECPC, EONS; the planning of educational activities on hot points emerging from Eurocan Platform project.

2.3 PATHOBIOLOGY and BIOBANKS

Chairpersons: Peter HJ Riegman and Antonio Llombart-Bosch

The OECI Pathobiology Working Group (OECI-PBWG) has the task to stimulate pathology cancer research and at the same time standardize and harmonize pathology in European cancer centers (1). Therefore, it is seen as an important task to set up platforms that can stimulate multicenter research in the OECI pathology departments. Another task is the dissemination of innovative knowledge and with it the methods used to acquire such knowledge among the OECI member pathology departments. However, the working group does not want to double the efforts of the European Society of Pathology (ESP) or the EORTC-PBWG. Instead, the OECI-PBWG is seeking cooperation between these important societies to find synergy in the overlapping areas of interest.

OECI-TuBaFrost

In 2006, the Pathobiology working group started with implementation of the TuBaFrost project (2). TuBaFrost is a complete infrastructure or even exchange platform formed by a network of European Tumor Tissue Banks (http://www.tubafrost.org).

The TuBaFrost exchange platform is complete with:
- code of conduct to exchange samples between European countries;
- rules for standardization and harmonization;
- access rules protecting the valuable scientific collections and the investments made by the institute;
- a web site with a public and scientific part, explaining the aims, project results and rules. The web page for scientists is shown in figure 1;
- a data base management application to make the collections visible with the option to request samples from collectors.

The network was developed in a three-year FP5 of the European Commission involving OECI members as participants as well as the EORTC and a Dutch law firm. The project was taken under the umbrella of the OECI and adapted to function within the OECI. OECI members can utilize this virtual tissue bank to share their frozen tumor tissue collections with the other OECI members and perhaps even with external institutes, with the intention to stimulate cooperation through the buildup of a sufficient critical mass for multicenter translational cancer research. Special care has been taken for the access rules. The access rules include incentives for the collecting institutes and make sure the collections with high scientific value were not loosing any of the institute or departmental governance. Governance over the samples stays the responsibility of the collecting institute and no external group can force the participation in requests. In addition, the samples stay as usual at the collecting institute. The institute can decide using their normal procedures to join or reject a request from the network. It allows local negotiations on cooperation, co publication or compensation in costs and therefore can give a boost to external cooperation with other institutes.

Figure 1.

OECI-PBWG Questionnaires

Within the working group, a series of questionnaires was launched to assess the expectancy of the OECI-PBWG activity among OECI members and interest in the tools developed by the working group. These tools are the OECI-TuBaFrost and the OECI-histopathology forum. The conclusions from the questionnaires (response, about 30%) are the following:

– there is a strong need among pathologists and molecular pathologists to have OECI-WG meetings on pathology, molecular pathology and biobanking;
– OECI-histology forum;
– need for histology web site for sharing;
– OECI-TuBaFrost:
  - Not many users yet, almost none;
  - Judged as a good platform to exchange samples;
  - Almost all plan to use it in the future;
  - Unfamiliar with the software/elaborate upload procedure.

OECI-PBWG Activities

– Workshop: "OECI-Pathobiology Romania Cluj" October 2008
– Open the OECI histopathology forum
– Change the setup of the OECI-TuBaFrost approach and data base application:
  • A catalogue of tumor banks instead of all sample data
  • Answering a questionnaire fills a data base on biobanks forming the catalogue in which the registered parties could search and request tissue samples for cooperative research
  • Catalogue can initiate multicenter projects
  • Project support developed in EuroBoNeT could be used to support a multitude of projects in OECI-TuBaFrost, where limited sample data upload is necessary to share in a closed project environment
– Update the OECI-TuBaFrost web pages with the latest view and links to biobank projects like EuroBoNeT, SPIDIA and BBMRI (3, 4, 5 and 6).

OECI Histopathology platform

Following the OECI-TuBaFrost sample exchange platform, another OECI platform was developed for innovative, interesting and difficult histology cases using Virtual Microscopic images as a basis (7). It enables presentation of the complete histology for every case on the Internet, complete with an Internet discussion forum to discuss the different cases on a European level. Cases that have been thoroughly discussed, to be decided by the moderator of the case and in yearly meetings, can be preserved and will serve as a reference set which can be used for educational purposes.

Pathobiology meeting 2008

The OECI Pathobiology Working Group meeting "Structure and Genetics, the New Paradigm" was held on 24th-25th October 2008, in Cluj, Romania. The meeting was organized by OECI PBWG, with the generous support of the Oncology Institute "Prof. Dr. Ion Chiricuta" in Cluj, Romania, who hosted the event. The workshop was addressed to pathobiologists, molecular diagnosis specialists and biobank managers. Many participants were registered, 120 from 15 countries, and many more participants joined from the local institute and country as shown in Picture 2. There were high quality presentations given, which were highly informative for the OECI Pathobiology Working Group. The presentations, all by OECI members or external related organizations (ESP), answered the first two objectives set for the meeting. These objectives were:

– To gain an overview about the state of the art in pathobiology within the OECI institutes and Europe.
– To provide information about different models of biobanks and tumor bank networks oriented towards health care research.
– During the key lectures, the participants were well informed on the latest developments and visions of infrastructural developments for cancer research and care. Also, there

were good discussions after the presentations.
– The last objective of the workshop was a very ambitious one — to promote collaborative activities among the OECI pathobiology groups as a base for future initiatives to enhance dissemination of knowledge and innovation potentially resulting in joint projects and activities among OECI members.

This objective was even widened during the preparation of the meeting by also trying to strive for closer cooperation between EORTC Pathobiology and the ESP. The OECI-Pathobiology Group made a first careful start by discussing European necessities that on top of OECI-TuBaFrost and the OECI Histopathology platform are needed for better European cooperation. These necessities were implementation of ring trials on histology (virtual microscopy) and molecualar pathology (dedicated web site), exchange of personnel, OECI workshops on innovation and the need to get more pathologists involved in multicenter translational research and international trials (EORTC). The latter requires a closer collaboration with the EORTC Pathobiology group. Moreover, ESP was very much in favour of setting up cooperation between ESP and OECI. Although the question of how was very difficult to answer, because cancer is a crosscutting subject in all the ESP working groups. Therefore, setting up a specialized cancer group is not fitting in the ESP structure. It was decided to at least come to intent of co-operation and link each others website and stimulate our members to join both organisations and work from within the organisations on better linking.

Picture 2.

Future plans

The EORTC-PBWG cooperation with the OECI-PBWG is under consideration of the EORTC board. In addition, attempts will be made to bring the EPS and the OECI-PBWG closer together. Continuous effort will be made to further update the OECI-TuBaFrost application as planned and after testing release it to the OECI community to be used by the OECI community. The OECI members can introduce external users collaborating in projects. Thus, externals can use the updated OECI-TuBaFrost data base application only through OECI members. Furthermore, together with the OECI ETWG, ESO and EORTC, a comprehensive course on biobanking will be given in Bari, Italy. OECI-ESO-EORTC Course "Biobanking for cancer research: rules and roles" Giovanni Paolo II Cancer Institute, November 12-13, 2010.

OECI has also engaged in activity of an ambitious new European project called RARECARE. The project will stimulate research on rare cancer samples. A task of the OECI-PBWG within this project is to set up future multicenter translational cancer research infrastructure for exchange of samples and data. The approach taken is to exploit the rare cancer clinical data together with the available samples in molecular diagnostic departments of the OECI comprehensive cancer centers. This enables the exploitation of sufficient numbers of cases in data and samples instrumental for the complex studies needed to improve the diagnostics, prognostics and identification of markers and drug targets. The expectation is that such infrastructure results in a boost of research opportunities to study these rare cancers. The OECI-TuBaFrost exchange platform can be used to share the data and the samples to boost the efficiency of the project. In this way, the prime goal of OECI can be reached, to improve cancer care in Europe.

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2.4 OPTIONS AND RECOMMENDATIONS

Chairperson: Lisa Licitra

Contact: Maria Teresa Giannelli: start@istitutotumori.mi.it

START PROGRAM: STATE-OF-THE-ART ONCOLOGY IN EUROPE

(http://www.startoncology.net)

General Information

START stands for "State-of-the-Art Oncology in Europe". In fact, it is meant to be an on-line data base on state-of-the-art knowledge about cancer diagnostics and treatment, with a European perspective. This means that the statements on main clinical "options" are codified and accompanied by a codified "levels of evidence" and "type of basis", according to a classification originally devised (Figure 1). The background has been detailed in the literature (Ann. Oncol. 1999; 10: 769-774).

TYPE of OPTION START provides the following diagnostic and treatment options. The "standard" and the "individualised" options are coupled with ranked types of basis.	**STANDARD ("standard", "recommended" [or "not recommended"]** This can be considered a conventional choice for the average patient. **INDIVIDUALIZED ("suitable for individual clinical use")** This is not a standard option, but it can be a reasonable choice for the individual patient. The patient should be informed that the option is not standard and the decision must be shared with the patient. **INVESTIGATIONAL ONLY ("investigational")** This is something which, in principle, can be offered to the patient only within a clinical study.
TYPE of BASIS for available options START provides an appropriate basis for each clinical option. Types of basis are ranked in five levels.	**"TYPE C basis" (General consensus)** There is a widespread consolidated consensus. Randomised trials have not been carried out or have been inadequate, but the issue is settled without major controversy: currently, no (further) experimental evidence is felt to be needed **"TYPE 1 evidence" (Randomised trial(s) available, strong evidence)** Consistent results have been provided by more than one randomised trials, and/or a reliable meta-analysis was performed. In some instances, one randomised trial can be considered sufficient to support this type of evidence. Further confirmatory trials do not seem necessary. **"TYPE 2 evidence" (Randomised trial(s) available, weak evidence)** One or more randomised trials have been completed, but the evidence they provide is not considered definitive (their results are not consistent, and/or they are methodologically unsatisfactory, etc.). Some controlled evidence has therefore been provided, but confirmatory trials would be desirable. **"TYPE 3 evidence" (External controlled comparisons available)** Evidence is available from non-randomised studies, with external controls allowing comparisons. Some uncontrolled evidence has therefore been provided, but trials would be desirable. **"TYPE R basis" (Rational inference)** Little or no direct evidence from clinical studies is available. Yet clinical conclusions can be rationally inferred from available data and knowledge (e.g. by rationally combining pieces of information from published studies and observations; for a rare neoplasm, or presentation, through analogy with a related, more common tumour, or presentation; etc.). The inference can be more or less strong, and trials may, or may not, be desirable (although sometimes unfeasible).

Figure 1. Start evidence-based methodology: Types of options and types of basis.

START is an independent Program. It was established in 1995 within the ESO. As from September 2002, it is one of the services provided by Alleanza Contro il Cancro ("Alliance Against Cancer" - ACC), the organization of the Italian Institutes for Cancer Research, through the Italian Health Institute (ISS), under the auspices of the Italian Health Ministry. Formally, START is a data base, freely accessible on the Internet at www.startoncology.net. It contains chapters on single human malignant neoplasms, as well as some chapters on cancer-related topics (antiemetic therapy, pain therapy, and more). Original chapters are written in English, subsequently translated into Italian and eventually adapted (only in Italian) for patients and non professionals in general (Figure 2).

Figure 2. The start web site.

START Chapter Cycle

Each START chapter is the final result of an internal collaborative effort. The first draft is assembled by the chapter Editor, based on contributions of the selected authors (according to the chapter, authors comprise medical oncologists, radiotherapists, surgeons, pathologists, nuclear physicians, endocrinologists, etc.). If necessary, an Associated Editor may also be appointed, among top European experts. The first draft of the chapter should reflect an evidence-based approach. The chapter is subsequently submitted to reviewers (top European experts in the specific field). After the reviewing process (a linguistic revision is also required), the chapter is finally published on-line; all the authors and reviewers, besides the editors, are mentioned on the web Site, in a section named "Contributors" and each chapter on the Internet contains a section called "Contributors", where the name of the authors and reviewer(s) of the chapter are made explicit. Besides being inserted on-line, START chapters are also published in Critical Reviews in Oncology and Hematology (Impact Factor 4.6). So far, 34 chapters have been published, accounting for a total impact factor of 156.4 (see Figure 3. on the following page).

The START chapters are regularly updated on a yearly basis. Of course, any relevant data that should be published, modifying the state of the art on single neoplasms or related

topics, are promptly integrated in the data base and made explicit. For example, the new 2009 Edition (7th) of the TNM Cancer Staging Manual was published early in 2010. START compared this new edition with the previous one (6th, 2002) and, as a result, a table summarising the comparison between the two editions is already available on-line. Those items that have been significantly modified, although the manual did not highlight them, were also mentioned. In addition, the chapter on colon cancer was immediately updated according to the new TNM Classification. START being an on-line hypertext, it allows a prompt acknowledgement of any new relevant data, which can be integrated into the text right after they are made available, which is far more difficult with book chapters.

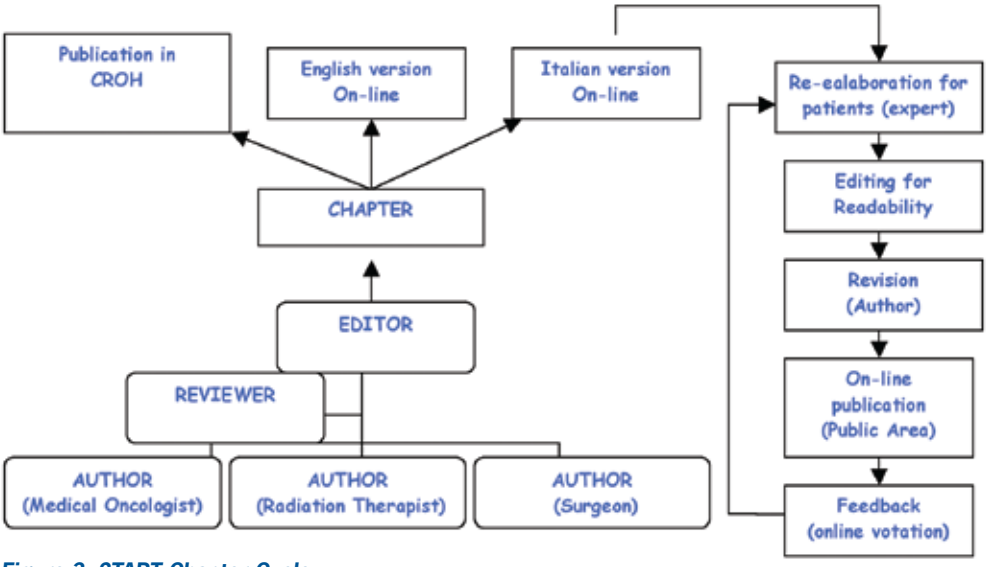

Figure 3. START Chapter Cycle.

START European perspective

START chapters are aimed at reflecting the "state of the art" of diagnosis and treatment in Europe, with particular focus on the so-called "grey zone" besides standard and investigational options. Although START is based in Italy, its European perspective allowed the Program to establish important links with other European institutions and projects. As early as 1998, a pilot project funded by the European Union, involving the most important European cancer societies (EORTC, ESMO, ESSO, ESTRO and EONS) was carried out with the aim to validate START contents. A list of selected statements concerning 6 cancers were submitted to a panel of experts from European cancer societies, who were required to express their consensus in two subsequent rounds of DELPHI-based evaluations. As a result, the total consensus rate was 85%.

In 2009, START was acknowledged as an operative instrument of OECI for the accomplishment of recommendations on diagnosis and treatment of cancer. Within OECI, START participates in the Guidelines Working Group. START is not a set of clinical

practice guidelines. These are generally targeted to a specific geographical context. They are formulated by also incorporating cost/effectiveness evaluations. In contrast, START mainly focuses on effectiveness, and available options on diagnosis and treatment are elaborated, trying to combine objective knowledge and clinical expertise. Obviously, it is possible to use START as a reference instrument for the construction of local clinical practice guidelines.

The experts contributing START chapters (clinical oncologists, radiation therapists, surgeons, pathologists, and others) are based throughout Europe. More than 30% of them (editors, authors, reviewers) are based in one of the European Cancer Centers belonging to OECI (Fig. 4).

Figure 4. START European contributors.

Through ACC Program 4, STAR-ACC/ISS is currently one of the partners of ERANET CoCanCPG, whereas through OECI, START will participate in the EUroTox Project, funded by the European Union, concerning chemotherapy-induced peripheral neurotoxicity.

The major characteristics of START are reported in Fig. 5.

QUESTIONS	ANSWERS
OBJECTIVE?	To create, maintain and spread a European database on diagnosis and multidisciplinary treatment of human malignant neoplasms according to an evidence - based methodology, addressed to both specialists and patients
LANGUAGE?	English and Italian
CONTRIBUTORS?	European
MULTIDISCIPLINARY APPROACH?	Yes
EVIDENCE - BASED METHODOLOGY?	Yes original (Ann Oncol 1999; 10: 769 -773)
LEVELS OF EVIDENCE?	EBM "grey zone" ranked
TOTAL N° OF AVAILABLE CHAPTERS?	150
FOR PROFESSIONALS	74 (English) + 49 (Italian)
FOR PATIENTS	27
UPDATING?	Regular
EDITORIAL FEATURE?	Internet hypertext; downloadable pdf and link to Medline abstracts
RELEVANT CITATIONS?	- Ann Oncol 2008; 19: 2067 -2078 - START Methodology in BSG Guidelines
ADDITIONAL PRODUCTS?	34 Reviews in Crit Rev Oncol Hematol (total IF 166.4)

Figure 5. START at a glance.

2.5 FUTURE POLICIES AND RELATIONS WITH OTHER ORGANIZATIONS

Julio Celis – OECI Board Member

Cancer research in Europe is generally fragmented and lacks coordination. This in turn translates into duplication of research efforts. It creates gaps and severely limits Europe's overall progress in the fight against cancer.

Today, the impressive pace of research continues to enhance our understanding of the molecular mechanisms underlying cancer, yet advances in life improvement and extended survival are much slower. Hence, it is urgent to improve coordination and collaboration in cancer research across Europe, and in particular to identify gaps within the cancer continuum and to draw attention to areas where further research is needed. To achieve this, there must be greater collaboration and cooperation between all the relevant stakeholders (Member States, EU Commission, European Parliament, universities, scientific organizations, research performing and funding organisations, Non-Governmental Organizations (NGOs) industries and businesses, legal and ethical bodies, individual citizens, and the media), so as to maximize their efforts. Having a unified insight is a key for tackling major societal problems such as cancer.

Given its broad representation, OECI is ready to push forward the agenda by encouraging European cancer centers to share both expertise and infrastructures as well as by interacting with other major European cancer organizations like ECCO, a multidisciplinary umbrella organization (50.000 + professionals in oncology) that, thanks to its prestigious bi-annual congress, is uniquely positioned to channel the voice of the whole cancer community and to provide a platform for debating European cancer policy issues. The ultimate aim is to ensure that cancer remains at the top of the European cancer health and research policy agenda.

OECI is also expected to play a key role in the Partnership on Action Against Cancer, a European initiative that plans to invest in Europe's future health by taking long-term and sustainable actions to tackle cancer. At this point, the OECI will be instrumental in advising Member States on research areas and priorities that should be implemented in partnership at the European level.

Finally, several OECI scientists are members of the European Academy of Cancer Sciences, an *élite* organization that is expected to contribute to the preparation of position papers and interact with the EU institutions and Member States in order to facilitate proposals as well as the implementation of new policies and strategies. The aims of the Academy as a whole are in harmony with the spirit of the "Ljubljana Process", the European Research Area (ERA) Vision 2020, and the European Commission's Partnership on Action against Cancer.

2.6 OECI WEB SITE AND INFORMATION SYSTEM

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In modern times, the importance of transmitting scientific knowledge overcoming the space-time barrier offers to science the possibility of quick, expansive and global progress. To explore such a wide range of necessity, science guides research according to two complementary addresses: survey field specialism and multidisciplinarity. This causes an immediate exponential increase in research and in applicative experimentation, in governmental investment, in scientific associations and institutions, in publications, and in scientists on an international scale.

In the new economy era, the development of telecommunication and presentation techniques has reached such a high level that it has modified the traditional data-information relation and made available a huge amount of data in the correct context, producing the diffusion of information never seen before. Scientific communication has developed peculiar features, because its first aim was the exchange and diffusion, within the same scientific community, of results achieved and discoveries made to facilitate and improve any further progress in various research fields. Scientists, researchers, academics and professors are potentially scientific information promoters, and they will diffuse information every time they write a conference text, an essay, a book or a paper, take care of the archives in their research institute or organization, or even participate in university web site page creation. In all of these circumstances, the man of science will create and publish something new, usable for other specialists and able to increase scientific information property, circumscribed in past years to one or more countries whereas today it is spread throughout the world.

Moreover, with the entry of information technology into the communication world, the way to read and write has changed in accordance with the texts shape. In fact, not only have we passed from physical to virtual text, but above all, from text to hypertext. In the 60's Theodor H. Nelson defined the word hypertext to indicate an electronic text with a particular shape containing "a text piece set in which the links that allows different routes are defined for the reader". Thus, the hypertext creates open documents, without a strictly defined barrier, making possible to distribute the communication process at different levels, also functional for many different uses.

Another important feature is the interactivity that allows a direct and immediate relation between the person producing and the person receiving the information. Thanks to this, it is also possible to carry out research projects involving many groups located in several different places and countries, sharing data and information. This is the case of the research project "Tools and Technologies for the Analysis and Synthesis of Nanostructures" (TASNANO), founded by the European Community within the thematic area "Nanotechnologies and nano-sciences, knowledge-based multifunctional materials

and new production processes and devices" of the FP6. In this project, a web based data information platform has proved to be extremely useful (Giacomini, 2009). The OECI web site is another example of the importance of interactivity: it allows members to share documents, information, activities, events, etc. Moreover, it allows common people to access detailed and updated information about the organization. Data sharing can be achieved in two ways, mainly: by directly connecting the data base (both in a centralized and in a federated way) or by using a web-based model. The direct connection is easy within a local area network (LAN), but in this type of project where partners are spread all over Europe, direct connection is not feasible. Another solution could be the creation of a set of virtual private networks (VPN) between the LANs of the involved partners. However, this solution is difficult to implement because in order to set up VPN correctly, public addresses need to be known and, in many cases, these technicalities are not under the direct control of the project partners, who are often not directly involved in the communication structure of their laboratories (Comer, 2006).

Therefore, we proposed a web-based model, a versatile and low-cost way to share data from all over the world: in this way, scientists can update information at any time, and knowledge on the Web is kept abreast with growth of the research (Halsall, 2005).

After the collection and analysis of requisites, we adopted the entity-relation (E-R) approach (Batini, 1992) for the conceptual representation of information, whereas we used the relational data base approach to describe the logic scheme of OECI web site data. Another possibility to describe the concepts at the basis of these tools is ontological modelling (Kalinichenko, 2003), as we employ in the "Ricerca and Prevenzione" web site. However, in this project the contributions come from a wide spectrum of knowledge, making the formation of a solid and shared ontology extremely difficult (Webster, 2002). Moreover, the E-R model is closer than other models to an almost automatic translation into logical schema within a real data base management system (DBMS).
Further modelling work has been performed with a web specific method, as described by Ceri and Bongio (2003).

Methodology

Every time we want to create a new web site, we must make a preliminary study that consists of several steps. First, we have to specify the requisites: this step is divided into collection and analysis. The collection of requisites has the aim to define a global image of an applicative domain and of the solution we want to develop, through interviews and reviews of already available documentation. The first goal is to establish who application users are and their possible clustering, based on aim and homogeneous behaviors.
Every group is associated to a different site view, incorporating needed contents and functions to answer requisites specific for each group. The first criterion with which we can classify the user is the possibility to have access to restricted areas (the so called internal users). Internal users are organization members who provide service and

contents, whereas external users are common people who only have access to public information (even if thoroughly and accurately described and updated). After that, a first users list is made up, and it is possible to analyze the presence of hierarchical relations between the considered groups.
At last, it is necessary to define the administrative role because administrators have special rights to create and register new application users and to update contents and narrow access. Another aim of this collection is to find the processes which have to support by the application. A process is a coherent set of activities performed by users that interact with the application. A way to pick up the functional requisites is to examine a use case set. A use case is an interaction unity between the application and one or more users describing the execution of a specific process finalized to reach one specific aim. For each process, it is possible to define a use case.

The requisites analysis has the goal to represent in semi-formal documents the application knowledge as collected in the precedent step. The documents are the input to application design. In particular, the following information must be collected:
– the principal users group and the hierarchical relation between them;
– the principal use cases;
_ the needed site views and their assignment to the users group;
– the essential guide lines about the presentation and interface use aspects;
– the data dictionary with the description of informative objects and the semantic association between them.

Users groups
From an analysis of the requisites in the specific case of OECI, we created four different users. In this description they are presented hierarchically: every user can employ the same functionality of the previous one and added functionality that are peculiar of the position held in the organization.
– The external users have base functionality: they can access detailed and updated information about the organization;
– The OECI members can also access reserved documents and modify their own data about authentication;
– The directive board members can also access specific documents dedicated to the board;
– The administrator can manage data about meetings, and members can add new documents and new directories to the data base and send both individual and listed e-mails to people registered in the OECI data base.

Use cases and site views
For each user group, the functional requisites are represented with use cases. For conciseness and simplicity, we have omitted a thorough explanation of this part. For each of the four aforementioned user groups, we developed an equal number of site views: everyone supports the use case associated to one of the categories of user groups.

– The site view for not registered external user includes free pages open to the general public and contains information about OECI and its projects;
– the site view for members includes the same pages available to not registered users and also active pages with which they are able to manage reserved documents and to change access credentials;
– the site view for board members contains the aforementioned pages as well as pages to manage board documents;
– the site view for administrators includes the aforementioned pages and also pages designed to manage members administrative data, meeting data, all types of data (and their organization in directories), as well as the specific OECI e-mail system.

The following tables present a complete description of the specific site maps for each user.

Area Name	Area Description
Home	The home page shows titles and a brief description about the most important upcoming events and important news with a link to the page where the different arguments are described.
OECI	Contains the history, statute, and other resources to describe the history of the organization. Moreover, it contains the copyright statement.
Membership	Contains a complete list of the organization members that can also be downloaded and selected with several geographic keys. Moreover, information on the possibility of joining the association is also available.
Board	Contains a list of the people included in the board and their role. The user can select a name and sent an e mail.
Projects	Contains brief information about organization projects with links to detailed pages and specific web sites.
Working Group	Contains information about five organization working groups and allows downloading of their documents.
General Assemblies	Contains information about OECI general assemblies. Public documents and presentation of these assemblies are available.
Link	Contains interesting links.
Contact Us	Contains the OECI Organization Chart as well as addresses and indications on how to reach the OECI central office in Bruxelles.
News	Contains a link to FP7 area and to interesting projects. It also includes other news reported by board members and by other members.

Table 1. Site view map for not registered external users.

Area Name	Area Description
General Assemblies Documents	Contains a list of OECI general assemblies. The user can select data and download related documents restricted to members only.
General Assembly Registration	Allows sharing information about members' registration and participation in OECI general assemblies.
Change Username and Password	Allows changing user name and/or password after checking current password.

Table 2. Site view map for members.

Guidelines

The guidelines for graphic style establish rules for web page presentation normally employed in the development of interface application. These lines cover the following aspects:

– Page grid specification: a page grid is a table containing certain line, column and cell arrangment, which represents the page organization for static and dyamic contents.
– Content set specification concerning rules for listing content: e.g, banner and menu, input field for log in and for research. Suitable set guidelines help to reduce user cognitive overload during the application learning phases, because they state the placement of a similar set of semantic elements in the same position in different pages, in order to reduce user disorientation.
– Graphic guidelines to apply to the formatting rules for graphic elements like characters, colors, borders and images. These rules are applied to recurrent elements in a page, for example text, title, link, table, list and menu.

The visual style used by site view assures a uniform presentation style for all the pages. All pages have been implemented with a proportional frame that allows their automatic resizing to the client screen.

The public Master Page, containing all pages accessible to not registered users, is composed of in the top by a line divided into two columns where the first cell contains OECI, partners and projects logos (70% length) and the other cell is reserved for news (30% length) (Table 3). Then, there is a line with only one cell with the major navigation menu. Below, there is another line divided into two columns. On the left is the area reserved for application contents and on the right the column is divided into some cells: search area, log in area, three menu areas visible only for registered users, “OECI Upcoming Events” area with the next events data, and a set of OECI related images that connect the users to the specific document (indicated also by the tool tip). The private Master Page is similar to the public one: the only difference is that under the principal menu there is a secondary one that changes in relation to the group to which the registered user belongs.

OECI Partners and Projects Logos	News
Principal Menu Area	
	Search
	Login
	Private menu
	Upcoming events
	OECI image buttons

Table 3. Public Master Page Scheme.

Data design

In this paragraph we describe the principles by which the data dictionary is transformed into an Entity-Relation scheme. The data dictionary was produced by requisites' analysis in order to describe principal application informative objects. It consists of a preliminary object list that can be incremented and refined thanks to other collected requisites. The data design is a method to clarify the applicative requisites. Moreover, it produces hints for the hypertext design. In fact, the two activities have a history of mutual development, and their parallel execution allows the designer to perform different crossed controls. A relevant support for data scheme objects definition derives from comprehension of the roles that informative objects have in the application. It is possible to discriminate four different object levels over which are possible to define four different structures in an entity-relation diagram:

– Core objects: the most important objects managed by the application and detailed during requisite analysis.
– Interlink objects: semantic associations between core objects defined in the data dictionary.
– Access objects: auxiliary objects used to classify core objects, also permitting access to them. They are linked to core entity connecting other dealings.
– Personalization objects: used to satisfy requisites' personalization; for example, some entity can be used to model users and possible groups in which the users are classified.

Once the creation of the entity-relation diagram is completed, it is possible to develop the data base. For data base development, we used SQL Server 2008.

Hypertext design

The hypertext design produces site views specification that must be built on the data scheme to publish contents and data manipulation operations. This step starts from three essential input sources: data conceptual scheme, functional requisites, and site view maps outlining hypertexts organization that must be prepared for users. The activity stream in hypertext design advances in a top-down modality, through successive refinements, and starts from preliminary design up to a more detailed design.

– The first one has the aim to define a site view scheme at a high level. The jet areas outlined in site view are consolidated. The designer specifies the area content, indicating data scheme elements that will be used to populate it.
– The second one represents a refinement of the first in which a coarse site views scheme is progressively reviewed up to become a collection of conformational pages to describe the application data. The first step is the page identification and its classification in home, landmark or internal page. Then, the content unity is combined with particular configurations.

To describe the hypertext, we used the WebML scheme. This language represents a page formed by content unity and data associated operation. This makes possible to create

a true and proper graphic interface and to implement it with languages for the Web. For its implementation, we used Visual Studio 2008 with Visual Basic Language, but there is no tool to allow automatic translation of WebML to Visual Studio Languages, so we used these schemas only to clarify the vision and to have suggestions on how to implement the different Web site areas.

The pages are grouped in two master pages, one for pages available to not registered users, another containing pages reserved to Members. After the log in, as soon as credentials are verified, the secondary navigation menu in the Master Page allows access to specific site view. Some pages accessible from the principal menu, after user authentication, are enriched by extra contents not accessible to unauthorised users.

Results

With the collection of requisites and analysis, we provided a data dictionary with the description of informative objects and the related semantic association. Then, we transformed the data dictionary into an Entity-Relation schema; the Entity-Relation model allowed us to automatically transform this schema into a logical one, within a real Data Base Management System. Figure 1 shows the part of the OECI web site data base that manages the people organization chart: the organization chart describes all OECI administrative groups with names and their printable list. For each administrative group, thanks to a People-Roles table, it is possible to list all persons belonging to it, and with the People table we can obtain information about their research interests.

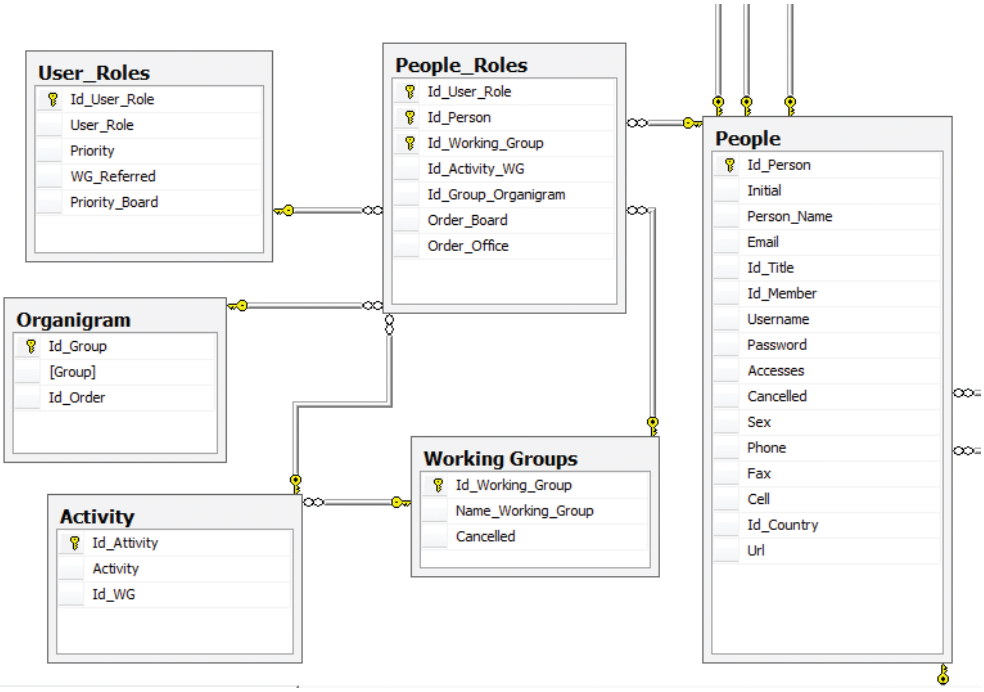

Figure 1. Part of DB: people management.

Figure 2. OECI web site home page.

During the analysis of requisites, we also found essential guidelines on the presentation as well as aspects of interface use. Figure 2 shows the OECI web site home page: it possible to see all the features that we explained in the previous paragraphs. From this page, while clicking on "The TRANSFOG Project" figure, the user is sent to TRANFOG web site home page, as shown in Figure 3.

Figure 3. TRANSFOG web site home page.

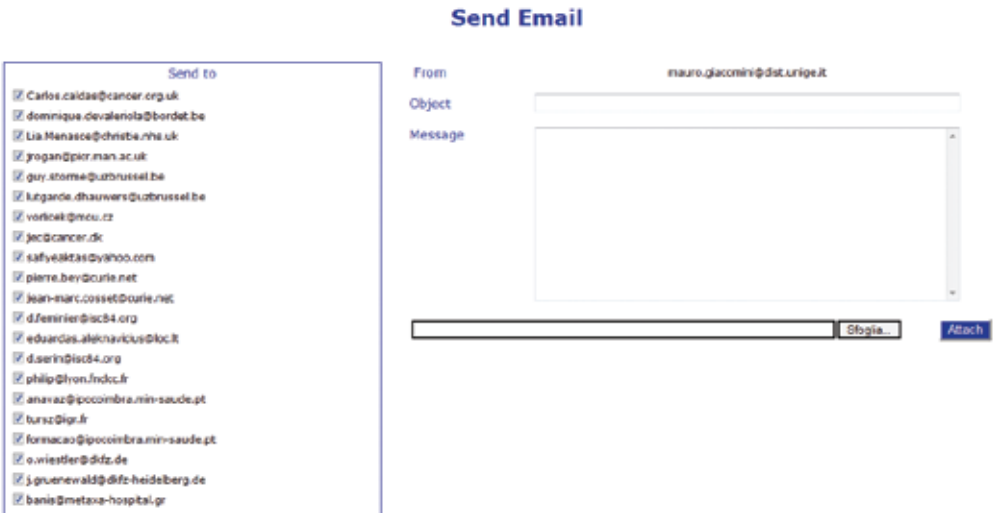

Figure 4. OECI web site: send e mail page.

On the top are the title and project logo. In the line above, there is the log in and search area and, in the middle, the main menu. The line above is divided into three columns: in the first, news and events are listed; in the second is the project description, and in the third are the upcoming events.

At last, we would like to show the send e mail page as in Figure 4. The administrator can choose the addressees from different mailing lists: Responsible, Contacts, Institutes, Working Group Chairpeople, Board and all others. The user is then sent to a new page: on the left, a list appears containing all previously selected addressees. On the right, the user can insert object, message text and add attachments, if needed. The attachments go to form a list in which it is possible to omit those that are not needed. So, for each address, an e mail is sent in order to minimize problems with anti-spam filters due to large number of addresses.

Conclusions

In this chapter we have provided an explanation on how the OECI web site was developed starting from the OECI members' need to share data. We have tried to analyze and explain every step that allows a web developer to build up a data base and a web site interface, fulfilling the requirements of the OECI board members, in this case.

Acknowledgments

We would like to thank Francesca Ferrando, Silvia De Nadai and Francesca Terranova for the data base and web site implementation and Michela Marchisio and Roberta Mazza for general indications about data on the Web.

Chapter 3

OECI projects, collaborations and meetings

3.1 OECI PARTICIPATION TO EU PROJECTS

3.1.1 TRANSFOG - Translational and functional oncogenomics from cancer-oriented genomic screenings to new diagnostic tools and improved cancer treatment

Enzo Medico – TRANSFOG Scientific Coordinator

Abstract

Here, we present an experimental pipeline for the systematic identification and functional characterization of genes with high potential diagnostic and therapeutic value in human cancer. Complementary competences and resources have been brought together in the TRANSFOG Consortium to reach the following integrated research objectives: 1) execution of cancer-oriented genomic screenings on tumor tissues and experimental models and merging of the results to generate a prioritized panel of candidate genes involved in cancer progression and metastasis; 2) setup of systems for high-throughput delivery of full-length cDNAs, for gain-of-function analysis of the prioritized candidate genes; 3) collection of vectors and oligonucleotides for systematic, RNA interference-mediated down-regulation of the candidate genes; 4) adaptation of existing cell-based and model organism assays to a systematic analysis of gain and loss of function of the candidate genes, for identification and preliminary validation of novel potential therapeutic targets; 5) proteomic analysis of signal transduction and protein-protein interaction for better dissection of aberrant cancer signaling pathways; 6) validation of the diagnostic potential of the identified cancer genes towards the clinical use of diagnostic molecular signatures; 7) generation of a shared informatics platform for data handling and gene functional annotation. The results of the first three years of activity of the TRANSFOG Consortium are also briefly presented and discussed.

Introduction

Sooner or later during the development of most types of human cancer, primary tumor masses spawn pioneer cells that move out, infiltrate adjacent tissues, to then travel to distant sites to colonize new terrain in the body, where, at least initially, nutrients and space are not limiting. These distant settlements of tumor cells, that is, metastases, are the most life-threatening aspects of the oncogenic process and account for 90% of human cancer deaths. Like the formation of the primary tumor mass, successful invasion and metastasis depend on a critical balance between deregulated proliferation and inhibition of apoptosis. However, such alterations must act in concert with more subtle operational strategies, involving changes in the physical coupling of cells to their microenvironment and activation of proteases that degrade the extracellular matrix. The integration of all these cellular behaviors defines a complex, multi-step program of tumor-host interactions that is conventionally termed “invasive growth”.

Several classes of proteins involved in the tethering of cells to their surroundings in a tissue have already been found altered in cells possessing invasive or metastatic capabilities. These include cadherins, which mediate cell-cell contacts and thus must be quantitatively or qualitatively down-regulated in order for cells to abandon the primary tumor, integrins, which link cells to extracellular matrix substrates, and extracellular matrix proteases. Whereas cadherins, integrins and matrix proteases are physical effectors of cell invasion and metastasis, soluble factors acting through signaling-competent receptors are the functional mediators and coordinators of this process.

It is well known that many growth factors and cytokines can stimulate cell proliferation, dissociation, locomotion, and survival. For instance, full execution of the various steps that make the invasive growth program possible is specifically controlled by a family of growth factors called scatter factors, together with their receptors, and by their phylogenetically correlated cousins' semaphorins and plexins.

Formation of new blood vessels, or angiogenesis, in addition to supplementing the tumor with oxygen and nutrients, facilitates local shedding of cancer cells into the tumor venous drainage and thus initiation of the metastatic process, which is also eased by the immature nature of the newly formed vessels. Interestingly, angiogenesis itself recapitulates the process of invasive growth (modification of endothelial cell-cell and cell-matrix adhesion, motility, and matrix degradation). The implications of this model are that anti-invasion compounds specifically targeted at key players of the invasive growth process should also be anti-angiogenic and therefore block metastatic growth with a doubled impact. Therefore, identification of new genes involved in the invasive growth program and in-depth characterization of the complex networks governing embryonal epithelial morphogenesis and cancer metastatic progression are likely to provide new tools for personalized diagnosis and for targeted therapeutic approaches.

Although extensive analysis over the last two decades has led to a deep insight into the control of cell proliferation and survival and their alterations during cancer onset, much remains to be clarified about the genetic lesions and alterations of cell signaling that lead to aberrant activation of invasive growth, cancer progression and metastasis. To this aim, much benefit may come from the historical changes in perspectives and modality of gaining information that biomedical research has been facing since the inception of the new century. Indeed, genome-sequencing projects have been completed for many organisms, including Homo sapiens (http://www.ncbi.nlm.nih.gov/genome/guide/human/) and Mus musculus (http://www.ncbi.nlm.nih.gov/genome/guide/mouse/). This reversed the conventional approach to biomedical discovery, in which understanding a certain biological function required identification of one or more genes involved in that function. The current situation is that thousands of genes have been sequenced but still wait for any functional information to be assigned to them. The fact that genes of unknown function represent over 70% of all genes suggests that current comprehension of most biological and pathological processes is by far incomplete. This is particularly

true in the case of cancer progression, where systematic exploration of gene function is likely to yield a huge amount of information in the next years.

There are several ways to obtain information about gene function, some of which have been evolving at an incredibly fast pace. For example, DNA microarray technology currently enables mRNA expression analysis in parallel for thousands of genes. Indeed, being expressed (at least at the RNA level) is an essential prerequisite for a gene to exert its function, and by studying the sites and pathways of regulation of a certain gene expression it is possible to putatively assign it to a broad functional group. In this view, genes with restricted, tissue-specific expression are likely to play key roles in the biochemical and biological processes specifically occurring at the expression sites.

Another powerful approach to gene functional characterization is exploration of the consequences of gene loss of function in various model organisms, ranging from unicellular microorganisms to invertebrates, vertebrates and mammals. In particular, generation of mutations in murine embryonic stem (ES) cells by targeted and random approaches offers a powerful tool for loss of function studies in the mouse. ES cells can be grown in vitro as a continuous cell line, genetically modified and subsequently returned to the embryo, where they can generate chimeric mice and eventually contribute to the germ line. Mouse ES cells are now widely used for gene disruption by homologous recombination or chemically induced mutagenesis, to create mutant mice that lack or express an altered form of a specific gene. Indeed, an International Mouse Mutagenesis Consortium has been established, with the long-term goal of producing at least one heritable mutation, in either ES cells or mice, in every gene in the mouse genome.

In many cases, however, functional redundancy or subtle phenotypes may impair functional characterization of the targeted genes. Moreover, this approach is aimed at defining gene function in the context of the organism but is hard to direct to exploring basic biological and biochemical functions at the cellular level. This latter type of information can be achieved by systematic screenings that explore features of the gene protein product, like subcellular localization, biochemical activity and interactions.

Recently, development of small interfering RNA (siR¬NA)-based approaches rendered loss-of-function studies more easily practicable in cell lines and higher organisms. As a complementary approach, genes can be characterized by gain-of-function approaches, relying on overexpression of cloned genes in cells and organisms or on random activation of gene expression. Finally, detailed analysis of post-translational modifications and protein-protein interactions by innovative proteomics approaches is crucial to correctly place the gene protein products within the dynamic and complex network of the normal and neoplastic living cell.

From this brief outline of the major strategies for gene functional characterization, it clearly emerges that a crucial issue in functional genomics is the development of

technologies for high-throughput functional analysis. Towards this aim, development of large-scale functional screens focused on cancer requires a coordinated approach involving complementary competences and establishment of dedicated facilities, for which the TRANSFOG (Translational and Functional Onco-Genomics) initiative intends to provide a European-level framework.

Results and Discussion

The TRANSFOG experimental pipeline consists of seven research components that synergistically enable streamlined translation of large-scale genomic screenings into high-impact contributions to cancer diagnosis and therapy. The seven activities, illustrated in Figure 1, are described in the following paragraphs together with a brief outline of the most significant results obtained during the first three years of activity.

1. Cancer-oriented genomic screenings in tumors and cell lines. Genome-wide screenings by DNA microarrays, array-comparative genomic hybridization, epigenetic and proteomics have been carried out by 14 partners and finally merged with the particular aim of identifying and prioritizing genes with a potential role in cancer metastasis, the "candidate genes". Recent works have shown that it is possible to exploit gene expression profiling of tumor samples to define sets of genes (signatures) whose expression correlates, positively or negatively, with metastasis-free survival, e.g., in breast cancer. It has also been found that a general signature associated with metastatic behavior can be shared between solid tumors of different organs, indicating that common alterations of basic cellular functions and signaling pathways trigger metastatic progression of cancer. The TRANSFOG screenings concentrated on breast, lung and colon cancer, which altogether account for most cancer deaths in the general population. Apart from tumors, screenings have also included cancer-oriented experimental models, like serine and tyrosine kinase receptor-driven transcriptional and proteomic responses, transcriptional responses to oncogenic Ras mutation, ligand induced in vitro epithelial morphogenesis and invasive growth, and in vitro angiogenesis of endothelial cells. The aim was to obtain a genome-wide exploration of the basic mechanisms of cancer progression. By merging the results of the screenings, we could find "common" genes, i.e., genes emerging from more than one screening as associated to invasion and metastasis, and "specific" genes, whose expression is only altered in small subgroups or subtypes of tumors/metastases or cellular models. The relevant genes have been ranked for priority towards functional characterization and/or diagnostic validation, with the main priority criterion being their emergence in more than one screening.

2. Development of enabling technologies for systematic gene gain-of-function. One approach for functional characterization of candidate genes identified by Activity 1 is based on enabling the expression of their full length cDNAs in cells of interest. This required the assembly of a core full length cDNA collection, exploiting the expertise and

resources of the Partner DKFZ. Over 200 full length cDNAs have been delivered to the various partners for their studies of functional characterization.

3. Generation or acquisition of tools for RNA interference-based systematic gene loss-of-function analysis. A second way to analyze the function of genes is by inducing loss of function via RNA interference. In this view, a key effort of TRANSFOG has been the generation of a shared collection of hundreds of human shRNA constructs in a plasmid/retroviral expression system (which allows easy further transfer of the construct in the target cells of choice), mainly targeting genes of unknown function that emerge from TRANSFOG cancer-oriented genomic explorations described in Activity 1. The technology has been made available by Partner NKI, who set up a methodology for systematic generation of retroviral shRNA vectors for functional screenings. This approach is being flanked by the use of double-stranded siRNA oligonucleotides for the 100 top genes from the TRANSFOG prioritized gene list. Such siRNAs represent a high-quality reagent that can be used in standard transfection assays by all consortium members, allowing optimal comparison of data between laboratories. The use of single gene-silencing RNA species will allow the identification of individual gene functions, whereas combinatorial approaches will allow the characterization of polypeptides active in the same cellular pathways. Finally, regulatable RNAi vector systems have also been developed to avoid cell vitality problems deriving from stable silencing of essential genes.

4. Gene functional characterization by cell-based assays and analysis in model organisms. Modulation of growth, motility, survival, invasion, adhesion, morphogenesis, senescence, and other basic biological functions altered during tumor progression and metastasis have been and are being analysed by transduction of cultured cells with full-length cDNAs, shRNAs or siR-NAs. Some of the proposed assays reached an adequate throughput for systematic gene functional analysis, allowing the identification of genes modulating the SRC proto-oncogene or the analysis of complex and combinatorial effects of multiple gene modulation. In other cases, low-throughput studies allowed detailed characterization of only a few genes. As an example, a transcriptional switch between two EGF transcriptional targets, the actin-binding proteins tensin and cten, was found to be essential for EGF-driven mammary cell migration. Specific animal models were exploited to assess the therapeutic potential of targeting the MET proto-oncogene, the cooperation between oncogenic KRAS activation and chronic pancreatitis to promote pancreatic cancer, or the surprising dispensability of the cell cycle proteins Cdk2 and Cdk4 for mouse viability. Finally, systematic gene functional analysis is also being conducted in lower vertebrates like zebrafish and drosophila, with particular care on accurate annotation of the results, for optimal cross species comparison.

5. Proteomic approaches to the study of signal transduction and protein-protein interactions. Protein post translational modifications and interactions with other proteins play a key role in many biological processes related to cancer progression. However, a comprehensive view of the networks of interactions and of their dynamics in normal and

cancer cells is still lacking and technically challenging. To shed light on the candidates of interest from this point of view, TRANSFOG partners have exploited mass spectrometry, Biacore biosensor and cell-based analysis. Much work is still ongoing, but the research activity led to: i) a detailed characterization of the role of the c-Jun N-terminal kinase in the PDGF receptor pathway promoting cell migration; ii) the definition of post-translational modifications essential for the activity of the FOXO4 transcription factor, and iii) modulation of the activity and localization hypoxia inducible factor-1 alpha via MAPK-mediated phosphorylation. These results add a further level of complexity to the simplistic view of the signal transduction "pathway" and rather highlight the real "network" status of the intracellular signaling system.

6. Preliminary diagnostic validation of molecular cancer signatures.
Converting a molecular signature emergiing from a cancer genomic screening into a validated tool of potential clinical utility is a demanding task. For instance, the platform originally used to define the signature (e.g., a certain type of microarray) may not be the most adequate for subsequent capillary diffusion of the signature assay. A translational research phase has therefore been initiated to re-assess the signatures of interest on new tumor samples and with other platforms (e.g., real-time PCR, tissue microarrays, immunohistochemistry) and to make cross-comparisons between platforms available at different sites. Standardized procedures have been defined for the various platforms and for the management of clinical and experimental data. The main diagnostic problem that TRANSFOG is addressing is the prediction of the probability with which a primary carcinoma will give rise to metastasis. In the first phases of the project, careful assessment of the optimal data treatment and cross-comparison has been performed, dealing in particular with data clustering, analysis and optimization of the predictive models and projection of data clusters across independent experimental data sets. In addition to complex multigene classifier validation, single gene analyzes are also being conducted to explore new potentially useful diagnostic tools. As an example, specific mutations of the EGFR gene are associated to impaired ubiquitination and down-regulation, potentially leading not only to oncogenic activation, but also to refractoriness to targeted anticancer treatments aimed at EGFR down regulation.

7. Generation of a common platform for data handling and gene functional annotation. The TRANSFOG pipeline has to deal with a large variety of data coming from the various activities: Activity 1 - microarray data from different platforms and different organisms and related biological/clinical information, epigenetic data and differential proteomics data; Activities 2-3 - availability of vectors or reagents for specific gene overexpression and down modulation; Activity 4 - cell-based functional assays (from various organisms), phenotype descriptions (model organisms), clinical descriptions (preclinical proof-of-concept experiments with mouse xenografts and other mouse models); Activity 5 - protein-protein interaction data and networks from various organisms; Activity 6 -experimental and clinical data from signature validation experiments and from tissue microarrays. Capturing and representing all this information in a format appropriate for

data mining is a complex task. Moreover, such data come from different laboratories and different organisms; therefore we needed to develop data communication standards and systematic orthologue analysis. All the data have been standardized and integrated to reach a comprehensive human/mouse/other organism genome annotation system, exploiting the Distributed Annotation System (DAS, http://www.biodas.org), originally developed by Lincoln Stein, to provide a simple, flexible bioinformatics backbone.

DAS requires a reference server that provides the framework to which all annotation will be anchored (usually the genomic sequence). In this project, the reference system is made by all the explored genes anchored to their position in the genomic sequence. Relative to the reference framework, multiple annotation servers can provide annotation for the reference objects. We adapted the system to include additional data types of our interest, e.g., the availability of full length cDNAs, results of genomic screenings, conditional expression changes derived from microarray results and functional or proteomic assays. DAS clients can connect to the reference server and any number of annotation servers and present an integrated view of the annotation of the reference objects. Figure 2 shows how single bits of annotation anchored to each gene can be added in multiple layers to provide a high-level, integrated view of experimental results from the project partners. Experimental details remain accessible through hyperlinks to the data base systems of the project partners or to the submitted data in public repositories.

A significant effort within this activity is also devoted to standardization of the research output. To this aim, the Partner EBI leads or participates in international standardization initiatives, such as the definition of a "Functional Genomics Experiment model", of the "minimum information required for reporting a molecular interaction experiment", or of the "minimum information about a proteomics experiment".

Final Remarks

The goal of the TRANSFOG Consortium and research pipeline is dual: i) to develop innovative cancer-specific molecular signatures based on in-depth analysis and understanding at the genomic level of tumor development and metastatic spread, as a novel approach for the diagnosis and treatment of breast, lung, colon and possibly other epithelial cancers; ii) to identify key genes controlling basic biological functions involved in cancer progression and potentially exploitable as new molecular targets for innovative therapies. Over the first three years of activity, several technical challenges have been faced, but the results obtained to date are encouraging and likely to open new perspectives in the diagnosis and treatment of cancer. A key challenge of the near future will be to optimally integrate the new knowledge and tools made available by the post-genomic era with the existing golden standards for cancer diagnosis and treatment.

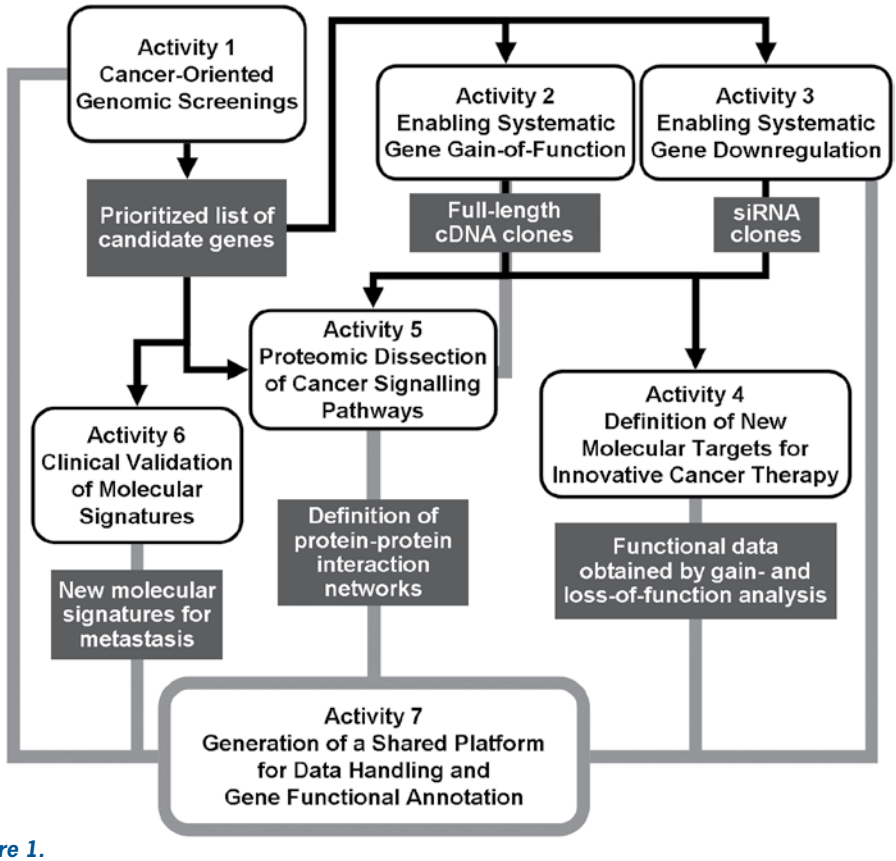

Figure 1.

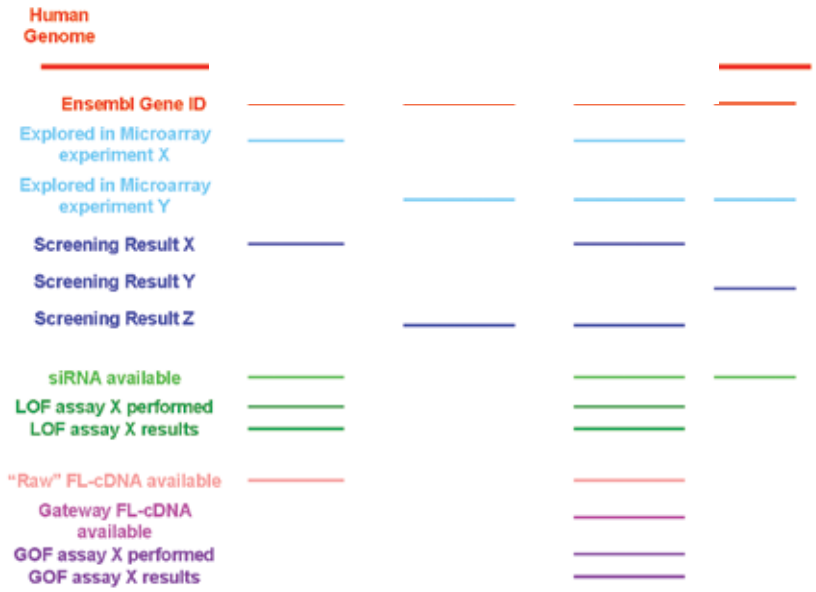

Figure 2.

3.1.2 EUROCAN Platform

Ulrik Ringborg – OECI Past President

The Eurocan+Plus project, catalysed by the European Parliament and implemented in FP6, structured the European cancer community and called for the creation of a platform for translational cancer research to overcome the fragmentation in the area and to accelerate the translation of basic discoveries into clinical applications for the benefit of the patient. The creation of a platform involving both basic/preclinical and comprehensive cancer centres was deemed essential for developing innovation in cancer research, a main goal also for OECI.

As a follow-up to the Eurocan+Plus project, the directors of 18 cancer centres formulated the Stockholm Declaration (1), a manifesto clearly stating their intention to join forces in order to reach the critical mass and sustainability necessary to innovate and make considerable progress in all areas of cancer research. Fifteen of the 18 cancer centres are OECI members. The platform will bring together comprehensive cancer centers (facilities where care and prevention are integrated with research and education) with strong research agendas and basic/preclinical cancer research centres into integrated networks to collaborate and share resources to optimise the translational process and increase global competitiveness. Although we have unparalleled resources in Europe, no single cancer institution or even country has the required capacity, infrastructure, critical mass, expertise or resources to meet the challenges delineated above. Thus, there is a need to mount a concerted effort and move from regional or national efforts into European-wide collaborations. This will accelerate the translation from laboratory discoveries to innovative new treatments and impact on patient´s lives.

The strategy to create a translational cancer research platform was discussed at a meeting that took place at the UNESCO Headquarter in October 2008 (2). On this occasion, politicians, members of the European Commission and representatives of the main European cancer organizations agreed to the concept, and at the same time the research community committed itself to continue to work towards the creation of this pillar of the European research area in the field of cancer.

The platform now has the acronym The EurocanPlatform and an application has been sent to the European Commission as a response to the call “HEALTH.2010.2.4.1-2: Structuring translational cancer research between cancer research centres in Europe. “The aim is to integrate joint translational research among cancer research centres and dedicated cancer hospitals by careful prioritisation of investigator-driven, patient-directed joint translational research, which includes clinical research on promising cancer prevention, early cancer detection and/or anti-cancer strategies”. The application has much in common with the integrated and patient focused strategic planning underlying the European Partnership for Action Against Cancer.

A significant diminution of the cancer problem can only be achieved by concerted actions aimed at improving prevention and therapeutic strategies to increase cure rates. Early detection is of fundamental importance in the fields of prevention and improving cancer treatments.
Prevention initiatives may focus on high risk individuals or total populations. Through molecular genetics and epidemiological research, a number of risk factors (both inherited and lifestyle associated) has been identified. The growing knowledge of molecular pathways involved in tumour initiation and progression offers opportunities for research on the correlation between molecular biomarkers and risk factors. Identification of those premalignant lesions that progress to invasive disease is of key importance, and the molecular markers that predict whether such lesions will progress or not will make preventive programmes effective.

Improving cure rates requires treatments that are tailored to the individual patient, taking into account the specific phenotypic and molecular characteristics of the tumour and the patient. This includes treatment of the cancers at an early stage. Early detection should also include prediction or detection of micrometastatic disease, as systemic treatment is indicated in such circumstances and will increase the probability of cure. Personalised cancer medicine aims at delivering "the right treatment to the right patient at the earliest possible time". It is now time to identify and validate prognostic biomarkers that foretell the risk of the patient to develop progressive disease and predictive biomarkers that indicate the likely response of the tumour to a particular intervention. There are three steps to biomarker discovery: marker identification, its retrospective validation in archival material, and is prospective validation in clinical trials in which the marker is used for the stratification of patients. Since one expects a high correlation between the biomarker profile and response to a particular treatment, this approach requires trials with only a small number of patients in a specific treatment arm. This strategy will solve the dilemma of the present approach of evidence-based cancer medicine, where large numbers of patients are needed for time consuming trials which involve identifying small differences between treatment groups. Consequently, this should lead to a much faster development and implementation of new therapies.

The Eurocan+Plus project addressed the complexity of cancer (with more than 200 types of cancer and intratumour heterogeneity) and identified translational cancer research as both suboptimal and lacking critical mass. Translational research links laboratory and clinical research into a continuous process of discovery, innovation, and implementation of new findings into clinical practice with close monitoring of patient outcomes. The aim is to shorten the time span from discovery to clinical implementation. It encompasses multidisciplinary research collaboration with a central role for the individual patient. Europe needs to develop closer links between basic and clinical cancer research centres (early translational research) as well as improve the bridging between clinical cancer research and implementation and evaluation of new diagnostic and treatment methods in clinical practice (late translational research).

Modern translational research requires large numbers of patients, clinical data, biobanks, dedicated laboratory facilities, treatment facilities, and access to new technologies - all of which must be standardised, responsive to the needs of research, focused on the patient, and of sufficiently large scale to enable studies of statistical significance. An important message is that collaboration between individual research groups is not adequate at this time to achieve innovative, cutting edge translational cancer research. Close collaboration between centres is mandatory to sufficiently secure wide infrastructural support, expertise and resources.

The Eurocan Platform should have objective inclusion criteria for its participants, subject to continuous peer evaluation, and be open to inclusion of new centres. To stimulate excellence, they should be managed professionally, with a focus on collaborations to generate internationally competitive projects. Furthermore, centres outside of the platform should profit from the activities of the Platform.

The following aims have been set for the Platform:
i) harmonisation and sharing of infrastructures and competences among organisations,
ii) definition and coordination of specific areas for research collaboration,
iii) optimisation of knowledge sharing,
iv) provide adequate training opportunities,
v) promote mobility of researchers
vi) attractive for young researchers from all over the world,
vii) retaining European talent,
viii) providing strategic partnerships for pharmaceutical and biotechnology industry,
ix) accelerating translational research for the benefit of patients.

The concept of the Eurocan Platform is the solution for European cancer research to reach the critical mass of competences, technological support and patients for a cancer research representing the whole research continuum from basic research to evidence based cancer medicine. Fifteen of the 18 centres of the Stockholm Group applying to the European Commission are OECI members and two additional OECI centres participate in the application. OECI is chairing three work packages: biobanking/molecular pathology, quality assurance of cancer centres and education.The application has now been favourably evaluated and the negotiation process has started. The goal of OECI to stimulate high quality cancer care in comprehensive cancer centres where research is the driving force as well as the collaboration strategy to overcome the problem with lack of critical mass has been fundamental for the EurocanPlatform project. This explains the strong involvement of OECI in the project.

References

1. *The Stockholm Declaration*, Molecular Oncology 2008; 2:10-11
2. Brown H. *Turning the Stockholm Declaration into reality: Creating a world-class.* Molecular Oncology 2009; 3:5-8

3.1.3 Establishing an efficient network for cancer communication in Europe - EUROCANCERCOMS

Francesco de Lorenzo, Patrizia Gnagnarella, Laura del Campo, Gordon McVie and Claudio Lombardo

EUROCANCERCOMS is a Coordinating Action recently approved and financed by the EC in the Seventh Framework Programme. The Project is coordinated by the European Institute of Oncology and OECI is a partner chairing the WP5 referring to dissemination results from cancer research.

Abstract

The lack of efficient communication among cancer health professionals, patients and policy makers remains a significant barrier to collaboration in the EU. Information overload and a much fractionated, exhaustive array of resources, networks and knowledge providers are seriously hindering the translation and implementation of research in Europe. With the constant explosion of data, we can expect to face increasingly challenging times for reliable and effective scientific communication. The EU needs to establish an integrated model for a Europe-wide cancer information and policy exchange portal that will provide a functional exchange system for accurate information and intelligence catering to the needs of health professionals, patients and policy makers. Such a model could subsequently be applied to other areas of health care. To address this, the EUROCANCERCOMS consortium is conducting an inventory of all existing information tools, their faults and flaws and requirements for the future. This includes the collation of current regulatory requirements and the provision of strategic intelligence on cancer research for policy makers. A review of new technologies to aid the dissemination of information will be completed. The consortium aims to establish a state of the art communications system to connect all those implicated in translation of basic cancer research into clinically testable hypotheses, public health prevention and management strategies, patient information and support activities.

Role of OECI in EUROCANCERCOMS

In the context of WP5, OECI is particularly engaged in the development of the activities following described.

Social media have made possible new forms of interaction and knowledge management practices by engaging users in the process of producing content. Such content may vary in type, form and sophistication, while serving as the prime reason for the users' recurrent engagement. The creation of social media brought to the forefront a slightly different paradigm. Users' actions are traced and can be potentially of interest to others, representing "online behavior" (Santoro, 2009; Cho WY, 2009).

The western dietary and lifestyle patterns, which include high fat and red meat consumption, a low intake of fresh vegetables and fruit, lack of physical activity is responsible for major chronic diseases including obesity, diabetes, cardiovascular disease, hypertension and

stroke (Joint WHO/FAO Expert Consultation, 2003). Furthermore nutrition plays major roles in many aspects of cancer development and treatment. Malnutrition, weight loss, poor nutrition practices are common problems in cancer patients that has been recognized as important components of adverse outcomes, including increased morbidity and mortality (Bozzetti et al, 2009; Correia et al, 2003, Andreyev et al 1998). Emerging evidence shows that correct dietary choice and exercises can influence the rate of cancer progression, improve quality of life, reduce side-effects and risks during therapy, reduce the incidence of relapse, and improve overall survival (Bosaeus et al 2002; American Cancer Society, 2000, Sobotka L, 2004). Therefore, good nutrition and lifestyle practices during and after cancer diagnosis can help cancer patients to better cope with nutrition symptoms but also to influence the cancer progression and to reduce the relapse (Wojtaszek CA et al, 2002; Thomas et al, 2007).

Health communication can contribute to all aspects of disease prevention and health promotion and it is relevant in a number of contexts. Cancer patients are exposed to several stress situations at the time of diagnosis and during treatment (Trijsburg et al, 1992). An effective health communication can help raise awareness of health risks and solution, provide the motivation and skills needed to reduce these risks, help them find support from other people in similar situations, and affect or reinforce attitudes. The informative programs given to cancer patients do have a positive effect on a patient's quality of life (QoL), reducing anxiety and depression levels, promotes a better adaptation to the disease (De Lorenzo et al, 2004, Fernsler et al, 1991; Mesters et al, 2001).

Many health care organizations and public service agencies use the Internet as one of their main channels for information delivery. Access to the Internet and subsequent technologies is likely to become essential to gain access to health information, to contact health care organizations and health professionals, to receive services at a distance, and to participate in efforts to improve local and national health (Gov. Canada, 1999; Gagnom, 2009).

Several problems rise at Italian and European level:
– an increasing number of cancer patients, due to aging;
– poorer outcomes for care despite better research output than the USA;
– outcomes (eg survival) are unacceptably variable in different countries;
– poor communication is blamed for all the above (Eurocan study for the EU Parliament, 2008.)

Optimal nutritional status is an important goal in the management of individuals diagnosed with cancer. Although nutrition therapy recommendations may vary throughout the continuum of care, maintenance of adequate intake is important. Whether patients are undergoing active therapy, recovering from cancer therapy, or in remission and striving to avoid cancer recurrence, the benefit of optimal caloric and nutrient intake are well documented.

General Aim

For EuroCancerComs the challenge is not setting another social networking site. Instead, it should aim to challenge the more demanding issue of crossing boundaries (or fields of expertise) and making new grounds for turning experience to collective know-how and know-why.

The aim is to establish one efficient communications for cancer patients and caretaker from clinical researchers, scientists, medical doctors in the nutrition area:

– Understanding the patients' view and experience of care;
– Translating scientific sources into users' language
– Search mechanisms based on personal profiles to improve or enable health and healthcare on nutritional aspect.

OECI, in connection with the Italian Federation of Voluntary Oncology Associations (FAVO) develops for EUROCANCERCOMS an educational intervention programme for cancer patients.

Specific Aim

– To implement an education intervention approach using the web (web based) in a cancer patients group.
– To develop a dedicated "space" on the web for cancer patients
– To develop specific contents for the study population using relevant recommendation and guidelines available;
– To evaluate the effectiveness of the approach comparing the improvements in knowledge of good nutrition and lifestyle practice in the study population.

Measure of outcomes

Primary outcomes:

– Change (over time) in the knowledge between the beginning of the intervention and the 6-months follow-up (using pre and post-questionnaire).

Secondary outcomes

– Proportion of patients with an excellent/good opinion and satisfaction measured at the end of the intervention study;
– Change over time in the QoL measured by the QLQ-C30 multi-item scales;
– Change of the psychological states (anxiety and depression) measured by Psychological Distress Inventory (PDI) questionnaire.

3.1.4 Bio and nano-medical total cancer care

Marco A. Pierotti, Angelo Paradiso, Gordon McVie, Alberto Costa, Terence Wilkins, Camillo Rosano, Giorgia Pesce, Claudio Lombardo

Abstract

Cancer is not one disease: it is many and complex diseases. It requires simultaneous step-changes in the full range of clinical diagnostic and therapeutic solutions offered uniquely by nanotechnology and bioscience. NANOCANCER builds on accelerating into the hands of practicing clinicians and health care providers a total cancer care system from bench to patient to reduce the human and economic costs of these terrible diseases. It builds on the excellence of Europe's research base and the Nanomedicine European Technology Platform's vision.

NANOCANCER will create a generic accelerated radical innovation platform to deliver a complete set of clinical devices up to and including preclinical assessment with full toxicological data for gastrointestinal and urinary cancers. It will consist of seven nanotechnology platforms: a) two in vitro diagnostic systems for patient, future biomarkers and non-classical drug profiling (protein chip) and ultra high-sensitivity biosensors (spintronic) for earlier diagnosis; b) three nanoparticle systems for imaging and targeted drug delivery with mono-, bi- & tri-modal capability (MRI, fluorescence, PET & SPECT imaging plus protein or RNAi therapeutic agents): c) two minimally invasive surgical devices (stress-free magnetic organ retractors and real time image guided tumour resection).

NANOCANCER brings together a world class consortium of Europe's Organisation of leading cancer research institutes (OECI), a national alliance of cancer research centres of excellence, four cancer research institutes, one of Europe's largest teaching hospitals and leading toxicology research centre, together with three leading EU global health care multinationals and four Small and Medium Enterprises (imaging, in vitro diagnostics, surgical devices and pharmaceuticals) with four national research institutes and eight universities (clinical, bio- and nano materials science and nanoparticle scale up engineering) from 11 countries to deliver its promise to patients, clinicians and health care providers.

OECI will lead the WP 10 "Dissemination, Education and Training" with the aim to disseminate all the projects' outcomes outside the network (addressing to scientists, professionals, patient's association, general public, governmental stakeholders). Moreover, the OECI will provide continuing education and training opportunities for young and experienced scientists and facilitate a better communication amongst the partners collaborating with the Management WP.

3.1.5 Surveillance of rare cancer

Gemma Gatta, Francesca d'Alessandro, Germana Gianquinto, Annalisa Trama

Abstract

Rare tumours belong to the group of rare diseases normally defined as diseases with a prevalence of less than 50/100,000 in Europe. Rare cancers, as many rare diseases, are often misunderstood, misdiagnosed or poorly investigated, and the patient might therefore not receive the best treatment. Due to lack of data and information on rare cancers, research is often confined to case reports or small retrospective series for which substantial selection bias occurs. Moreover, there is no generally accepted definition of them. These problems can be addressed by use of population-based cancer-registry data and by compilation of large international data bases on rare tumours.

The Surveillance of Rare Cancers in Europe Project (RARECARE), whose data is based on 88 cancer registries from 22 European countries, gives a unique opportunity to study the epidemiology of rare tumours in a large population from various countries. In this context the RARECARE project aimed to:

– provide an operational definition of "rare cancers" and a list of cancers that meet this definition;
– estimate the burden of rare cancers in Europe;
– improve the quality of data on rare cancer registration;
– develop strategies and mechanisms for the diffusion of information among all the key players involved in Europe-wide surveillance on and treatment of rare cancers.

The RARECARE project was supported by the European Commission (Public Health and Consumer Protection Directorate – DG SANCO), and it is in its final phase (end of the project 31st March 2010). During the 3 years of activities, all the major deliverables were completed and are actually available and downloadable from the RARECARE website http://www.rarecare.eu/.

The list of major achievements follows.

– Development of a definition and a list of rare cancers. The list was developed with a wide and international consensus process, and it was endorsed by the major European cancer organisations/associations. The rationale of the list and its hierarchical structure is available on the RARECARE website.
– Provision of the estimates of the basic epidemiologic indicators (incidence, survival, prevalence and mortality) for rare cancers by age, sex, European region and macroindicators (gross domestic product and total national expenditure on health). The report and the indicators for each rare cancer are available on the RARECARE website.
– Beginning of a quality analysis on cancer registration involving the European cancer registries. The revision of 8 priority rare cancers (mesothelioma, liver angiosarcoma, sarcomas, gonadal germ cell tumours, tumours of the oral cavity, of the CNS, leukemia and malignant digestive endocrine tumours) is actually ongoing. Thirty eight cancer

registries from different EU countries are participating in the study.
– Development of a web site on rare cancers to disseminate the results of the project, and in particular, to inform clinicians, patients and health planners.

According to our analysis, 2.5 million patients are living today in Europe with a diagnosis of a rare cancer (19% of total cancer prevalence) and 488,000 new diagnoses of malignant rare cancers are made in Europe each year (19% of all cancers diagnosed each year). These data show the burden of rare cancers in Europe and confirm that, despite the rarity of each individual cancer type, rare tumours significantly contribute to the total cancer burden in Europe. Our data confirm that population-based cancer registries and data bases are key instruments to increase knowledge on rare tumours and stimulate clinical research. It will be therefore essential to ensure that this information continues to be available and updated at the European level, building on the RARECARE data base (the largest European data base available on rare cancers at the moment). Whereas millions of patients are facing major problems due to the rarity of their diseases, it is essential to continue and to initiate targeted actions that will help raise awareness and address the challenges faced by patients with rare cancers.

3.1.6 Health information within the European Partnership for Actions Against Cancer

Milena Sant and Claudio Lombardo

Abstract

The European Commission launched the European Partnership for Action Against Cancer on 29 September 2009.

The Partnership aims to support countries in their efforts to tackle cancer by providing a framework for identifying and sharing information, capacity and expertise in cancer prevention and control. It aims to engage a wide range of stakeholders, including non governmental organisations, researchers, patients groups, industry and national authorities across the EU in a collective effort and with a common commitment to addressing cancer. This partnership approach will also help to avoid scattered actions and the duplication of efforts by contributing to better use of limited resources available.

Among the activities foreseen by the European Partnership, health information and data WP will be chaired by Italy and OECI will participate as collaborating partner.

The health information useful to support policy action on cancer control has been identified by EU projects, but presently it is not available at a European – wide level. The main scope of WP 9 is to contribute building a shared, advanced and comprehensive cancer information system for EU. An EU map of cancer information will be built, using the indicators identified by EUROCHIP (European Cancer Health Indicator Project) and ECHI (European Community Health Indicators). The map will identify areas being undertaken by IARC/ENCR (International Agency for Research on Cancer/European Network of Cancer Registries). Data from HAEMACARE (Cancer Registry based Project on Haematologic

Malignancies) and RARECARE (Surveillance of Rare Cancers in Europe) will also be considered. Population survival, and sample data on stage and treatment form cancer registries will be available though the programme of EUROCARE projects (Survival of cancer patients in Europe). Prevalence data will be provided mainly from EUROPREVAL (Measuring cancer prevalence in Europe) with the contribution of other sources of data.
An inventory of available information on cancer cost in Europe will be produced via a European task force involving experts and stakeholders. The economic burden of cancer will be investigated with pilots: a) at aggregated level relating socioeconomic and cancer burden indicators locally/nationally, b) at individual level collecting data on cancer costs in samples of cases taken from appropriate European cancer registries. All indicator data will be disseminated through the EU web portal and the Partnership web site, using the facilities developed so far with the Eu funds. A standardized approach to the routine collection of survivorship data using population based cancer registries will be developed.
A panel of experts in population based data analysis, projections and forecasting will be identified by Italy and IARC in consultation with ENCR and other partners. The aim is to build European capacity in relevant statistical analysis. A conference will take place in year 2 in the framework of the Open Forum. IARC will be involved in support of the Italian leadership.
OECI will mainly be involved in the collection of data referring the economic burden of cancer.

The European Commission is reinforcing its long-term commitment to the fight against cancer by launching a European Partnership for Action Against Cancer. The overall aim of the Partnership, which is initially planned for 2009-2013, is to support Member States and other stakeholders in their efforts to tackle cancer more efficiently by providing a framework for identifying and sharing information, capacity and expertise in cancer prevention and control. It aims to engage a wide range of stakeholders across the EU in a collective effort and with a common commitment to addressing cancer. It will also help to avoid scatted actions and duplication of efforts, and contribute to better use of limited resources available.

By the end of the Partnership, the objective is for all Member States to have integrated cancer plans. The long-term aim set out by the Commission Communication is to reduce cancer by 15% by 2020.

3.2 OECI COLLABORATIONS

3.2.1 Worldwide Innovative Networking (WIN) consortium in cancer personalized medicine

Thomas Tursz and Vladimir Lazar

Today there are more than 14,000,000 new cancers each year world wide, and less than 50% are cured. The main cause is late detection and inappropriate treatment based on statistical population approaches. The shift from past to future medicine based on prevention, early diagnosis and efficient individualized treatments could be dramatically accelerated from 50 years to a 3-5 year timeline, through a coordinated efficient worldwide initiative bringing together the élite of academic industry and a coordinated governmental strategy.

To this aim, the WIN Consortium (worldwide innovative networking in cancer personalized medicine) is a joint initiative of the Institut Gustave Roussy and the University of Texas M. D. Anderson Cancer Center (MDACC), in association with 26 *élite* leading cancer care institutions in Europe, United States of America, Canada, Middle East and Asia. All European institutes are OECI members. The major goal of the WIN Consortium is to accelerate translation of ground-breaking discoveries made in personalized cancer medicine from the bench to the bedside and to promote new types of interactions between academy and industry worldwide.

This is a worldwide initiative, across the continents, and the WIN Consortium aims to build new strategic alliances in oncology, to improve early diagnosis of cancer, and to establish new treatment strategies based on rational individualized selection of treatments.

The management of the WIN Consortium is assured by Dr. Vladimir Lazar from IGR (France), in his capacity of co-ordinator of the WIN Consortium and Chairman of the Steering Committee, and by Pr. John Mendelsohn from MDACC (USA), in his capacity of President of the WIN Consortium. The management proposes a strategic plan based on the most advanced scientific and technologic achievements and brings together worldwide key opinion leaders in oncology. The Scientific Advisory Board of the WIN Consortium co-chaired by Leroy Hood and Richard Schilsky is presented in Annex 2.

The WIN Consortium is extremely focused on five objectives:

1. early diagnosis as the most efficient way to improve clinical outcome;
2. individualized treatment and therapeutic combinations based on innovative technologies available within the consortium;
3. strategic positioning with pharmaceutical companies with innovative drug associations and efficient clinical trials conducted simultaneously across the continents;
4. standardisation, harmonization and worldwide coordination of academics;
5. education and scientific dissemination through its annual WIN symposium (held this year 7-9th July 2010 at Palais des Congres in Paris). The scientific program is presented in Annex 3. The scientific and educational content of the second edition is endorsed by the Nature Publishing Group and will be submitted for endorsement application to ESMO, ASCO and OECI.

For purposes 1 to 5, the functioning and the governance of the Consortium are the following. Each founder proposes it's most advanced scientific and technological achievements. The scientific advisory board selects the most important projects and the steering committee votes and decides the onset of the WIN Consortium projects, which are then conducted worldwide, simultaneously in the different type of populations. Each of the 28 founding members has one voting right, and decisions are taken with 75% of votes. The steering committee also votes on budget allocation and adhesion of new members and decides on other strategic alliances such as those envisioned with the pharmaceutical companies.
For the first time, the WIN consortium is an operational organization that has decided to join forces and knowledge in order to considerably improve health care in oncology and to lead to important societal benefits in terms of cost of cancer health care.

The charter of the Consortium is based on the following principles:
– Promote basic and applied cancer research plus state-of-the-art methods and technologies to expedite progress in the field of personalized cancer medicine. A common idea is to jointly fight lung and breast cancer.
– Whether scientific questions are the same (diagnosis, choice of treatment, prognosis, and prediction of efficacy of treatment), answers may differ in different parts of the world, owing to ethnic diversities, lifestyle, food, environment, etc., and may only be partly overlapping.
– Once a major result is obtained by a founding institute, consortium members may be willing to participate in validation studies at different basic and/or clinical levels. This will greatly speed up the introduction of new ways of treatment modalities in the early or advanced setting of cancer patients, employing the most efficient ways of surgical and medical treatment and also by observing the best available technologies to improve patient health care.
– Promote scientific exchanges, fellowships, training, educational seminars, and workshops.
– Meet annually (symposium) to critically evaluate efficacy of the interactions.
– Promote and inform about state-of-the-art technologies applicable to cancer research and treatment.
– Promote rules and guidelines for ethical standards.
– Promote rules and guidelines for quality assessment and quality assurance of tools, reagents, and methodologies. Provide standard operating procedures.
– Apply for grants to support joint projects.
– Apply for support to run joint, multicentric clinical trials.
– Create and/or interact with prospective worldwide interactive biobanks dedicated to research and validation purposes, following internationally accepted standards and guidelines.

Annex 1. The Founders of the WIN Consortium

Academic founders

– Institut Gustave Roussy (IGR), Villejuif (France) – the initiator of the program
– The UT - MD Anderson Cancer Center (MDACC), Houston, Tx (USA) - co initiator
– National Cancer Institute, Office of Biorepositories and Biospeciment Research (OBBR/ NCI), Bethesda, Maryland, (USA)
– Fox Chase Cancer Center (FCCC), Philadelphia, Pa (USA)
– Duke University, Durham, N.C. (USA)
– Segal Cancer Center, Jewish General Hospital, Montréal (Canada)
– Institute for Molecular Medicine (FIMM), University of Helsinki (Finland)
– Technische Universitaet Muenchen (TUM), Munich (Germany)
– Katholieke Universiteit Leuven, University Hospitals, Leuven (Belgium)
– Istituto Nazionale dei Tumori, Milan (Italy)
– Shanghai Cancer Center, FUDAN University, Shanghai (China)
– RuiJin Hospital and University Medical School, Shanghai (China)
– Centro Nacional de Investigaciones Oncologica (CNIO), Madrid (Spain)
– The Christie Foundation and Manchester Cancer Research Centre, Manchester (United Kingdom)
– Hadassah Medical Centre, Sharret Institut of Oncology, Jerusalem (Israel)
– The Semmelweis University, Faculty of Medicine, Budapest (Hungary)
– The National Cancer Centre, Singapore (Singapore)
– The Fundeni Clinical Institute for Digestive Diseases and Liver Transplantation, Bucharest (Romania)
– The Ben-Gurion University of the Negev, Beer Sheeva (Israel)
– Fundació Privada Institut d'Investigació Oncològica de Vall Hebron (VHIO)
– Erasmus Medical Centre, Rótterdam, (The Netherlands)
– Royal Institute for Technology (KTH), Stockholm (Sweden)
– Kuwait Cancer Control Centre, Shiekha Badriya Al-Ahmad Medical Oncology Centre, (KCCC) Shuwaikh, Kuwait
– Advanced Centre for Treatment, Research and Education in Cancer (ACTREC), Tata Memorial Centre, (Mumbai), India

Associate technology corporation founders

– Agilent Technologies, Santa Clara, CA (USA)
– Life Technologies, Foster City, CA (USA)
– GE Healthcare, Chalfont St. Giles (United Kingdom)

WIN associated Media Partner Nature Publishing Group

– Nature Publishing Group, London (United Kingdom)

Annex 2 Scientific Committee Advisory Board of the WIN Consortium,

Chairman: Leroy Hood, Institute for Systems Biology, Seattle, Washington, USA

Members:

– Richard Schilsky (co-chair), University of Chicago Medical Center, Chicago, Ill, USA
– John Mendelsohn, UT - MD Anderson Cancer Center, Houston, Tx, USA
– Julio E Celis, Institute of Cancer Biology, Copenhagen, Denmark
– Thomas Tursz, Institut Gustave Roussy, Villejuif, France
– Stephen Friend, Sage Bionetworks, Seattle, WA, USA
– Soo Khee Chee; National Cancer Centre, Singapore
– Jean Pierre Armand , Claudius Regaud, Toulouse, France
– Manfred Schmitt, Technische Universitaet Muenchen, Munich, Germany
– Guido Kroemer, INSERM, Paris, France
– Lisa Hutchinson , Nature Publishing Group, London, UK
– Yusuke Nakamura, The University of Tokyo's Human Genome Center, Tokyo, Japan
– Edison Liu, Genome Institute of Singapore, Singapore
– Thomas Hudson, Ontario Institute for Cancer Research, Canada
– Stephen Quake, Department of Bioengineering, Stanford University, Palo Alto, CA USA
– Rolf Lewensohn, Karolinska Institutet, Stockholm, Sweden
– Neil Cook, Agilent Technologies, Santa Clara, CA, USA
– Manohar Furtado, Life Technologies, Carlsbad, USA
– Bengt Nielsen GE Healthcare, Chalfont St. Giles, UK

Supported by its Media Partner Nature Publishing Group

3.2.2 American Association Cancer Institutes (AACI)

Guy Storme – OECI Executive Secretary

Relationship between OECI and AACI

For 2 years, Executive Secretary, Dr. Storm, participated in the annual meeting of the American Association of Cancer Institutes (AACI). At the last meeting, he gave a presentation at the AACI board meeting about the common goals and similarities between both continents and the possible benefit to collaborate for the best of the cancer patient by learning from each other and sharing efforts to achieve this goal. AACI was represented at our annual meeting in Manchester by the Executive Secretary, Barbara Stewart, who will join us in the next General Assembly meeting in Budapest. We will try to focus on some specific common targets and achieve a document strengthening the efforts to combat cancer on both continents.

3.2.3 International Atomic Energy Agency (IAEA)

Guy Storme – OECI Executive Secretary

Relationship between OECI and the IAEA

Two years ago, a document was signed about collaboration between OECI and the International Atomic Energy Agency (IAEA) to combat cancer. The IAEA gives outstanding teaching courses to countries which have no facilities and belong to the Asiatic and African continent. Nevertheless, they have no facililities to train the candidates. OECI members can offer that, but we still need to find a solution so that it becomes a practical routine.

3.3 OECI MEETINGS

3.3.1 OECI 2009 General Assembly and Scientific Conference

The General Assembly and Scientific Conference 2009 was held on 20th – 24th May 2009 in Manchester and was hosted by the Christie NHS Foundation Trust, one of Europe's leading cancer centres. In the previous 5 years, the OECI annual meetings have been held in Genoa, Copenhagen, Izmir, Athens and Paris.

Highlights of the scientific conference included presentations about cancer prevention research across Europe, including diet and obesity, research on people genetically predisposed to skin and other cancers, and the development of molecular predictors for cancer, in areas such as breast, lung and bowel.

Manchester OECI 2009 Scientific Programme

Cancer Prevention Research Session

This session highlighted some recent advances in cancer prevention research discussing the coordination and collaboration that could be achieved through the major cancer centers.

Richard Sullivan, *SE London Integrated Cancer Centre, Kings Health Partners, Guy's Hospital, London UK: "Cancer prevention research in a European context"*

Jan-Willem Coebergh, *Professor of Cancer Surveillance, Erasmus Medical School, Rotterdam, The Netherlands: "Waging war on cancer"*

Patrizia Pasanisi, *Epidemiology Unit, Department of Preventive and Predictive Medicine, Istituto Nazionale Tumori, Milan, Italy: "The role of diet in cancer prevention"*

Andrew Renehan, *Manchester Cancer Research Centre, Manchester UK: "Cancer and obesity"*

Paolo Radice, *Unit of Genetic Susceptability of Cancer, Istituto Nazionale Tumori, Milan, Italy: "Identification of individuals genetically predisposed to cancer"*

Chris Harrison, *Medical Director, the Christie NHS Foundation Trust, Manchester, UK: "The next steps"*

Designation and Accreditation of Cancer Centres in Europe Session

This session reviewed progress with designation and accreditation of cancer services in Europe. This was an opportunity to present the programme to members who could not have been updated in the last few months, but also to new and potential members, including UK centres attending the conference.

Joseph Pagano, *Linenberg Comprehensive Cancer Centre, North Carolina, US: "Cancer Centre Accreditation in the USA"*

Julio Celis, *OECI Board, Danish Cancer Society: "Comprehensive Cancer Centres and the need for collaboration"*

Wim Van Harten, *OECI Vice President: "Designating Cancer Services in Europe"*

Mark Baker, Department of Health, UK: "The UK system of Cancer Peer Review"

Henk Hummel and Burt Koot, *respectively OECI manager WG Accreditation project and Training and E-tools responsible: "The European Cancer Accreditation Programme – Progress so far"*
Mahasti Saghatchian, *Chair of the OECI Accreditation WG: "The European Cancer Accreditation Programme – The next steps"*

Manchester Cancer Therapies Session
This session supplied to participants not attending the Board Meeting the possibility to meet some of the leading cancer clinicians and academics from Manchester. A series of short presentation on cancer developments was made, giving to participants the opportunity to view displays.

Nic Jones, *Director of Manchester Cancer Research Centre, Manchester, UK: "The Manchester Cancer Research Centre"*
Alan North, *University of Manchester, Manchester, UK: "The Manchester Academic Health Sciences Centre"*
Olof Sanden, *Executive Vice President of Elekta Europe, Stockholm, Sweden: "Developing a Radiotherapy Network*
Sarah O'Dwyer, *Consultant Colo-rectal surgeon and Director of Cancer Centre Services Division at The Christie Foundation, Manchester, UK: "Surgical Interventions in Manchester"*
John Radford, *Director of Research, The Christie Foundation, Manchester UK: "Translational and Clinical Cancer Research in Manchester"*

Molecular Predictors of Cancer Theraphies Session
This session discussed the development of molecular predictors for cancer therapy, bringing together leading edge researches from the US and Europe, and underlined the opportunities for future collaborations.

Jean-Charles Soria – *Institute de cancérologie, Gustave-Roussy, Paris, France : "ERCC1 Expression as a Predictor of Response to Cisplatin"*
David P. Carbone, *Vanderbilt University, Nashville, Tennessee, USA: "Proteomics and Genomic Biomarkers for Guiding Therapy In NSCLC"*
Jonas Bergh, *Karolinska Institute, Stockholm, Sweden: "Personalised Medicine in Breast Cancer Patient - Prime Or Not Ready?"*
Andrew Hughes, *Vice President, AstraZeneca Pharmaceuticals (International), UK: "Know Your Enemy: Determining the Mutation Status of your Cancer: is Intelligence Relevant to Patients, Pharma, Payors and Partnerships"*
Tim Maughan, *Director, North Wales Cancer Trials, Cardiff, UK: "Predictive Biomarker Studies: Molecular Selection of Therapy in Colorectal Cancer"*

Evelyn McKeegan, *Abbot, Illinois, Chicago, USA:*
"Exploratory Patient Stratification Markers Associated with Sensitivity to ABT- 263 in Small Cell Lung Cancer (SCLC)"

Manchester OECI 2009 Civic Reception - Town Hall 22nd May; from the left: John Stapleton, Andrew Fox, Caroline Shaw, the Mayor of Manchester Alison Firth, the OECI President Marco A. Pierotti, Ulrik Ringborg, Chris Harrison and Lynn Faulds Wood.

3.3.2 OECI Stockholm Conference

Ulrik Ringborg and Lars Gustafsson

Workshop on clinical introduction and evaluation of new anticancer agents

The OECI workshop was organized in collaboration with the Regional Department of Drug Management and Informatics of the Stockholm County Council.

The problems linked to introduction and evaluations of new cancer agents were highlighted. John Mendelsohn, MD Anderson Cancer Center, gave a presentation of new targets for anticancer therapy. The increasing knowledge about molecular pathways involved in tumour progression offers new possibilities to identify targets and new anticancer agents. At present, 800-1,200 new potential anticancer agents are being developed. The variable uptake on new anticancer agents with consequences for patients, health care costs and industrial production was discussed by Bengt Jönsson, Stockholm School of Economy, and Ken Paterson, Scottish MHS, UK, presented data on introduction and follow-up of new cancer drugs across Europe. Ken Paterson is a representative of the

Piperska Group, a multidisciplinary group of European scientists with a focus on new pharmaceuticals overall.
The limited information about new anticancer agents at registration is a problem. Information is available about effects on selected cancer patients. Information is needed for total patient populations.
Therefore, we need a structure for implementation and evaluation of the agents in clinical practice. Nils Wilking, the Karolinska Institute, presented such a model for an evaluation aiming at optimization of uptake of effective cancer agents and sorting out less effective drugs.
Julio Celis, the Danish Cancer Society, summarized what is needed for development of personalized cancer medicine including identification and validation of biomarkers, the road map for optimizing therapy. Quality assured patient registries with data on pharmacological treatment together with biorepositories should be used for biomarker validation, biomarkers both for prediction of antitumour response and side effects. Marco A. Pierotti, Fondazione IRCCS Istituto Nazionale dei Tumori, gave an overview of pharmacogenetics/genomics as important tools for development of personalized treatment. The role of molecular imaging in oncology and personalized cancer medicine in particular was covered by Leonard Fass, GE Healthcare and the Imperial College Department of Bioiengineering.

There were discussions about the payers' perspective regarding significant clinical effects of pharmacological anticancer treatment and Andreas Engström claimed that more outcome data is necessary. Christina Bergdahl, representing the Blood Cancer Association in Sweden, stressed the importance of availability of effective anticancer agents for the patients. Ian Ragan, CIR Consulting Ltd, UK, spoke on behalf of the pharmaceutical industry and pointed out the importance to improve collaboration between industry and academia and exemplified with the Innovative Medicines Initiative (IMI). Innovative research on targeted therapies, positive and negative effects, was presented by Caroline Robert, Eric Angevin and Ludovic Lacroix from Institute Gustave Roussy.

There was a general discussion summarizing needs for future actions. The comprehensive cancer centre has a mission to be innovative. Therefore, new anticancer agents should be studied in a more coherent way with the aim to optimize treatment. A necessity is collaboration between cancer centres, and the ongoing project to establish a European platform of cancer research centres was presented. The Piperska Group is working with horizon scanning of new pharmacological agents as well as collecting information about clinical effects and costs. The discussion ended in the conclusion that cancer centres in OECI and the Piperska Group should work together since knowledge and background are complementary. There was an agreement that a structured implementation and evaluation of new anticancer agents are fundamental for development of a structure for measuring outcome of treatment, health economy and proceed with biomarker validation as a step towards individualized treatment. A decision was taken to continue a dialogue between OECI and the Piperska Group.

Stockholm OECI 2009 Scientific Programme

March 11, 2009
Venue: The Lecture Hall, Radiumhemmet 1st floor,
Karolinska University Hospital Solna, Stockholm.

09.00-09.20	Welcome: **Marco A. Pierotti,** President of OECI **Lars Gustafsson**, Regional Drug and Therapeutic Committee (LÄKSAK), Stockholm County Council **Ulrik Ringborg**, Cancer Center Karolinska
09.20-10.00	New targets for anticancer therapy: **John Mendelsohn**, MD Anderson Cancer Center
10.00-10.20	Variable uptake on new anti cancer agents: consequences for patients, health care costs and industrial production: **Bengt Jönsson**, Stockholm School of Economy
10.20-10.50	Introduction and follow-up of new cancer drugs across Europe – a Piperska perspective: **Ken Paterson,** Scottish NHS, UK
11.10-11.30	A structure for implementation and evaluation of new anti tumour agents in clinical practise: **Nils Wilking**, Karolinska Institutet
11.30-11.50	Biomarkers for prediction of response to therapy – stratification of patients for treatment: **Julio Celis,** Danish Cancer Society
11.50-12.10	Pharmacogenetics /genomics – important tools for development of personalized treatment: **Marco A. Pierotti**, Fondazione IRCCS Istituto Nationale dei Tumori
12.10-12.30	The role of molecular imaging in cancer treatment: **Leonard Fass,** GE Healthcare and Imperial College Department of Bioengineering
13.30-13.50	Payers´ perspective: What is a significant clinical effect of pharmacological anticancer treatment? **Andreas Engström**, Dental and Pharmaceutical Benefits Agency
13.50-14.10	Patients´ perspective: **Christina Bergdahl,** Blood Cancer Association, Sweden
14.10-14.30	The role of the pharmaceutical industry and IMI. **Ian Ragan**, CIR Consulting Ltd, UK.
14.30-14.50	Why do we need international collaboration? **Thomas Tursz**, Institut Gustave Roussy

3.3.3 OECI 2010 General Assembly and Scientific Conference

Budapest, June 17th - 18th 2010

During the OECI General Assembly 2009 the Grouping agreed to hold the 2010 OECI General Assembly in Hungary in collaboration with the National Institute of Oncology of Budapest.

3.4 OECI PARTICIPATION TO OTHER MEETINGS

3.4.1 International Cancer Control Congress 2009 (ICCC3)

Andrea Micheli and Marco A. Pierotti

1. General objectives

The main purpose of ICCC3 was to provide a set for discussion and exchange of experiences to people directly involved in cancer control activities in an international survey. The congress also aimed to establish a framework for the promotion of projects and supranational collaborations, in particular between European and African Unions.

2. Involvement

Sixty country delegates attended the Congress; 1076 associations and 146 bodies related to congress topics were involved. Fifty-eight organisations, most of which were specifically committed to disease control at an international level, joined the Conference and 21 organisations supported the event.

3. Logistic and organization rating

At the end of the meeting, the satisfaction of the participants was tested: in a range of 1 to 5 (in which 5 is excellent), satisfaction concerning logistics and organization confirmed high values of 3.8 to 4.6.

4. Scientific outcomes

ICCC3 prepared a scientific monograph published by "Tumori", in which 6 articles and an editorial written with the contribution of almost 100 authors from 30 different countries were presented, representing a global experience in cancer control. The conference hosted 21 invited speakers, with 64 oral presentations in 6 different sessions, 35 workshops, and 131 posters that provided information about cancer approaches. Moreover, ICCC3 gave to supranational organisations (OECI, EUROCARE, EUROCHIP, CONCORD, ESO, ICCC, UICC) the opportunity to organise their own initiatives during the congress. ICCC3 hosted 12 booths, 11 of which were from Italian cancer centres, in order to display an overview of Italian cancer control activities to an international audience. In particular, a booth was realized by OECI in collaboration with Alleanza Contro il Cancro.

5. ICCC3 and health authorities

Representatives of the Lombardy Region and the Italian Ministry of Health and Ministry of Foreign Affairs directly or indirectly attended the Congress, bringing the Regione Lombardia and Italian experience into the field of cancer control. Dr. Marco Pierotti, Chairman of the congress as well as INT Scientific Director and OECI President, actively attended the conference, and works outlined the role of OECI in cancer control both at national and international level. The Conference received welcome messages from the Italian Ministry of Foreign Affairs, from On. Dr. Ferruccio Fazio, Italian Minister of Health, and from On. Androulla Vassiliou, European Commissioner. Moreoever, On. Mary Harney, Irish Minister of Health and Childhood, and Prof. Maria Luisa Lavitrano, delegate from the Italian Ministry of Health for international policies, attended the conference. Dr. Ala Din Alwan, Assistant of the General Director of WHO, talked about chronic degenerative diseases. Delegates from large international charities (Lance Armstrong Foundation,

Cancer Research UK, Terry Fox Foundation) and from large organisations committed to cancer control (Canadian Partnership Against Cancer, IAEA, PACT, WHAO, UICC, INCA, NIH/NCI and OECI) participated in the Congress.

6. Scientific evaluation

Survey data emphasized how most participants considered the congress very successful in sharing best practises, in promoting the development of cancer control (91%), as well as favouring possible collaborations and building a knowledge platform to transfer within collaborations (84%). More generally, each session was judged as positive or extremely positive in the evaluations.

7. Post ICCC3

ICCC3 launched a declaration in favour of international collaboration between African and European Unions in cancer control. It was signed by many researchers, doctors and health operators all over the world. This declaration together with the list of signatories is being transmitted to the Ministers of Health of both Unions' countries.

8. Conclusions

ICCC3 was an event which achieved its original outcomes by fostering connections and relationships at a supranational level in order to permit better control of cancer in the coming years.

OECI stand – Cernobbio, November 2009. Marco A. Pierotti and Maria Teresa Giannelli.

3.4.2 OECI at ECCO 15 / ESMO 34

An OECI Executive Committee meeting took place during the ECCO 15 and a stand of the Organisation was hosted by the Organizers.

OECI stand – Berlin, September 2009.
From the left Daniela Majerna, Marco A. Pierotti and Ingeborg van Gessel

3.4.3 VIB-Pharma conference "2nd Annual Clinical Trials in Oncology"

Chapter 4
OECI history

4.1 BACKGROUND

The following text appeared in the first issue of the OECI Newsletter and was written by the first Chairman of the OECI, Professor Heinrich Wrba (Austria):

"The major cancer institutes of Europe often have long histories and traditions dating back to the last century. Political problems, differences in economy, and the fact that more than 20 different languages are spoken have provided a far from favourable background for developing international cooperation and understanding of mutual challenges in approaches to cancer issues.Nevertheless, far-sighted oncologists in many countries of Europe have tried for a long time to establish working links and multilateral cooperation among European institutes to increase the European working efficiency. Most of such early attempts were frustrating, and only favourable cases ended at best in bilateral agreements. On the other hand, the Association of American Cancer Institutes, which was founded in 1959, was favoured by a common language and a common national administration. This Organization has proved to be an efficient mechanism in stimulating oncological programmes all over the country. More recently, regional organizations of cancer institutes and other bodies involved in the fight against cancer were established in Latin America, Asia and the Middle East. This growing tendency towards regionalization, with the resulting benefits for improved cooperation, has provided an added stimulus and sense of urgency among European institute directors to develop closer working links".

As a result, on the occasion of the anniversary of the Cancer Research Institute in Vienna in 1977, the President of the UICC, Professor P. Denoix, convened a historic meeting of European institute directors. Sixty leading personalities in oncology from all over Europe and from other parts of the world assembled on 26 October 1977 in the great Redoutensaal of the Emperor's Castle in Vienna. The initiative for organizing the meeting was taken by the International Union Against Cancer's (UICC) Committee on International Collaborative Activities (CICA) Programme. Professor Denoix explained that the UICC, particularly through CICA, aimed to promote greater cooperation among the world's cancer centres and institutes in the field of cancer control, data collection and dissemination, and finally in collaborative research. He expressed the hope that the meeting, unique in the history of European oncology, would be the starting point for new and dynamic inter institutional collaborative efforts in Europe. The discussion indeed revealed such enthusiastic support for an initiative by the UICC that Professor Denoix appointed a Planning Committee. The Committee, composed of six institute directors from Eastern and Western Europe, was invited to prepare a plan of action for presentation at the UICC Business Meetings on the occasion of the 12th International Cancer Congress in Buenos Aires in 1978. The major recommendation of the Committee was that membership of the new organization would be open only to cancer institutes in Europe working solely in the field of cancer. It was decided that a multidisciplinary approach within an institute would be a prerequisite for membership.
The second meeting of directors of European cancer institutes was convened in Dubrovnik,

Yugoslavia, on 14 May 1979, under the chairmanship of the President of the UICC, Professor U. Veronesi. As on previous occasions, there was unanimous and enthusiastic support for the idea of an enlarged European cooperation. So strong was this feeling that the "Organization of European Cancer Institutes" was founded during that meeting. The meeting thus marks the real starting point of future working activities. The Executive Board was duly elected, and it immediately appointed a Programme Committee and a Membership Committee for the careful evaluation of future membership.
May 14th, 1979, must be considered the date of the foundation of the OECI.

The first meeting of the General Assembly of the "Organization of European Cancer Institutes" took place on 18-20 May 1980 in Rodos, Greece, following the invitation of Dr. B. Lissaios. With the acceptance of English as the working language of the Organization, the first steps were taken to work out structures for efficient cooperation to overcome the linguistic and traditional heterogeneity of Europe. The first discussion of possibilities and outlines for a European cooperative programme began.
In contrast to other existing regional structures, the OECI decided to link its activities closely with the International Union Against Cancer, in particular with the CICA Programme. The decision was based on the belief that both organizations would derive notable mutual benefits by working together, thereby acting as a catalyst for further collaborative research, exchange and comparable activities in Europe.
In 1999, the OECI Programme Committee launched the idea to set up a grouping of

Constitution of the European Economic Interest Grouping, Brussels 2000.
From the left: Prof. G. Storme, S.E. the Italian Ambassador G. Cortese and Prof. N. Cascinelli.

selected European comprehensive cancer centres. On November 17th , 2000, after the conference titled "Towards a European Space for Oncology", the European Economic Interest Grouping "Liaison Network for Cancer, the EEIG-LINC was created in Brussels, with the main aim to stimulate the participation of OECI in building the European Area for Cancer Research.

In 2004, the OECI and the EEIG-LINC boards decided to unify the two Associations and at the Berlin General Assembly, the EEIG-LINC was trasformed into the EEIG-OECI, giving origin to the actual Organisation. At the same time, the OECI board decided to establish their headquarters in Brussels with a Managing Office independent from the UICC. Today, the OECI provides the ideal forum for the directors of member institutes to meet, to exchange views, and to formulate plans for future inter institutional collaborative ventures. It provides just the right setting and the appropriate note of informality to overcome those political, cultural, and language barriers which frustrated for so long a true and comprehensive working relationship between all of Europe's major cancer institutes.

Photogallery of some previous General Assemblies

OECI General Assembly, Amsterdam May 1992. In the middle: the President, Sir W. Bodmer.

OECI General Assembly, Ljubljana (Bled), Slovenia, May 1995
In the middle: OECI President Prof. H. Zur Hausen, Nobel Laureate in Medicine 2008.

OECI General Assembly, Paris, 2005, Institut Gustav Roussy.
Identified by an arrow: the President, Prof. T. Tursz.

OECI General Assembly Genoa, May 2008, 30th anniversary, National Institute for Cancer Research of Genoa. From the left: C. Lombardo, "Palinuro" Capt.of the Iitalian Navy Training Ship, S. Camerini, R. Rosso, U. Ringborg, M. A. Pierotti and Mr. Guano, Confectioner Donour of the OECI Anniversary Cake.

OECI General Assembly Genoa, May 2008, Reception on board of the Palinuro Tall Ship.

Photo gallery of some OECI Board meetings.

OECI Board, Stockholm, 2002, Italian Embassy. First line from the left: C. Lombardo, the Italian Ambassador, R. Galloni, G. Caprioglio Second line from the left: N. Cascinelli, G. Storme, I. Mortara, U.Ringborg, T. Tursz, A. Kulakowski, L. D'Hauwers.

OECI Board, Saint Petersburg, October 2003. First line from the left: Prof. H. Hanson, Prof. T. Philip, Prof. T. Turst, Prof. A .Llombart-Bosch. Second line from the left: Prof. K. Nilsson, Prof. N. Cascinelli, Prof P. Napalkov, Dr. C. Lombardo, Prof. G. Storme, Dr. V. Veloso.

4.2 OECI GENERAL ASSEMBLIES AND PRESIDENCIES FROM 1979 TO 2010

OECI General Assembly Venues and Chairmen since 1979

2010 Budapest, Hungary 2009 Manchester, UK	Marco A. Pierotti	
2008 Genoa, Italy	Ringborg / Pierotti *(Transition year)*	
2007 Copenhagen, Denmark 2006 Berlin, Germany	Ulrik Ringborg	
2005 Izmir, Turkey	Tursz / Ringborg *(Transition year)*	
2004 Athens, Greece 2003 Paris, France	Thomas Tursz	
2002 Lisbon-Sesimbra, Portugal	Storme / Tursz *(Transition year)*	
2001 Milan, Italy 2000 Valencia, Spain	Guy Storme	
1999 Lisbon, Portugal	Kulakowski / Storme *(Transition year)*	
1998 Stockholm, Sweden 1997 Lausanne, Switzerland	Andrzej Kulakowski	
1996 Athens, Greece	zur Hausen / Kulakowski *(Transition year)*	
1995 Ljubljana, Slovenia 1994 Berlin, Germany	Harald zur Hausen	
1993 Oporto, Portugal	Bodmer / zur Hausen *(Transition year)*	
1992 Amsterdam, The Netherlands 1991 Manchester, UK	Walter Bodmer	

1990	Rome, Italy	Eckhardt / Bodmer *(Transition year)*
		Sandor Eckhardt ** 
1989	Brussels, Belgium	Einhorn / Eckhardt *(Transition year)*
1988	Ankara, Turkey	Jerzy Einhorn 
1987	Bratislava, Slovakia	
1986	Heidelberg, Germany	Lagarde / Einhorn *(Transition year)*
1985	Budapest, Hungary	Claude Lagarde 
1984	Milan, Italy	
1983	Bordeaux, France	Wrba / Lagarde *(Transition year)*
1982	Moscow, Russia	Heinrich Wrba 
1981	Sutton, UK	Veronesi / Wrba *(Transition year)*
1980	Rhodes, Greece	Umberto Veronesi* 
1979	Dubrovnik, Croatia	Heinrich Wrba 

* Acted as Chairman of OECI while President of the UICC

** Resigned in 1991 to become President of the UICC

4.3 PERSPECTIVES

Like most European scientific societies, OECI in recent years had to reconsider its mission, its internal organization and its strategies in order to better respond to the changing needs and expectations of Europe and of its own members. The creation of the European Research Area required mandatory steps to an Association originally created for fostering a better coordination among EU cancer centres with the sole purpose to improve the prevention and care of cancer patients and to sustain a rapid transfer of innovation within the network. The last decade has been characterized by an enormous production of knowledge, which has not always corresponded to a noticeable change in survival or improved quality of life. The translational research path becomes hard especially when the need is to assimilate knowledge in new tools, products and diagnostic and therapeutic methods. The route leading from the discovery to the product will still have to include related changes within the organizations and overcome obvious complications in management. Introducing innovation also means to face the costs required for supporting "the impact of change" as well as to provide continuing education and training of staff and to enable them to employ innovation itself.
Although in the last years the response to changes has affected all scientific societies, the non specialistic ones, both those organ or district oriented and those focused on a particular therapeutic approach (surgery, radiotherapy, medical oncology), had to face additional difficulties and define original strategies. Particularly, in the last five years, ECCO and OECI have suffered the most within European cancer societies from this need to adapt to changes and to face major organizational and strategic transformations.

In 2005, after becoming a European Economic Interest Grouping, OECI had to rebuild its membership and go through major changes in its internal organization with the purpose to sustain the activities of the working groups, representing the core in the process of translational medicine as a guarantee of innovation and competitiveness of health services offered by OECI institutes. The ability to compete and innovate is precisely the characteristic of a comprehensive cancer center, which must be able to demonstrate its potential to become a landmark for the area in which it operates and to interact with health professionals working outside in order to transfer diagnostic and therapeutic methods and explore new application areas, when possible.

The activities developed in 2009, as reported in the previous chapters, extensively detail the transformation of OECI in the last years and demonstrate how the Organization has focused its mandate on the promotion of translational research in oncology (see comprehensive cancer centers platform), the support of research through educational activities (see Education and Training WG), quality control and the capability to acquire and maintain the innovation process (see Designation and Accreditation WGs), as well as the need to have a specific WG on Molecular Pathobiology. This step, still under implementation, accurately emphasizes the acquired awareness of the comprehensive cancer centers as the favourite actors for supporting the process of validation of new

diagnostic and therapeutic approaches thanks to their opportunity to count on results, on clinical cases, on biological samples and on follow-up of patients independently of external entities and thus, able to direct their trials without any interference that may be linked to personal or business interests.
The OECI outlook for coming years is related to strengthening its organizational system in order to promote and sustain accreditation of the OECI cancer centres as the carrier system on which to categorize clinical trials compulsory for supporting innovation. Obviously, the support of the translational process can no longer go beyond the recognition of a constant and structured interaction with patients' associations, and that is why OECI is considering to realize this link, achieving the creation of an internal group of experts and establishing relationships with well defined national and supranational entities representing the interests of recipients of innovation itself.

Managerial aspects within a comprehensive cancer center, or rather the governance of research-care system, recently attracted the attention of OECI, also because the incentive to innovation usually is a heavy burden on the budget of institutes and involves the need to reorganize the acquisition of technology and personnel training in order to support new diagnostic and therapeutic approaches. The complexity of a comprehensive cancer center's governance led OECI to start a link with administrative directors of the centers, attempting to induce the constitution of a collaborative group, sharing their experiences and overcoming difficulties encountered by the translational researchers in their process to spread innovation and to grant the competitiveness and the survival of the institute itself. In order to facilitate a more rapid process of innovation uptake within a comprehensive cancer center, it is necessary to support the setting up of local guidelines tailored to the specific competences and management of each single cancer centre. From this perspective, OECI is building a direct link with the European Program for the implementation of options and recommendations on therapy, producing specific chapters based on scientific evidence integrated with the help of about 300 collaborators spread across Europe, of which approximately 30% work in OECI institutes.

Although still under discussion, especially as regards methodology and organizational arrangements granting central support, in OECI the idea recently emerged of coordinating cancer nanomolecular laboratories as a vehicle to speed up tests, validate and implement new diagnostic and therapeutic approaches. However, as already done in the past, OECI will not fail to join European consortia, which can benefit from OECI members' expertise as well as from the organizational capability of central and coordinating OECI offices. A network of coordinating secretariats has already been developed and will be strengthened to facilitate interaction within the offices of the President, the President elect and the Secretary General, with the purpose to build the coaching needed to ensure the grouping of a sustainable transition from one presidency to the next.

OECI decided to adopt an entrepreneurial approach applied to a research grouping: keeping an active role in the European scenario means a transparent and rigorous

management based on identifiable and transferable methodologies not affected by an unprepared decision-making approach.
The present General Report, the first in OECI history for length and content, is an example of the transparency-based administration of the grouping as a prerequisite for ensuring future active participation of its members and strengthening European acknowledgement of the role of OECI.

Chapter 5
Appendixes

5.1 LIST OF FULL AND ASSOCIATE MEMBERS, MEMBERSHIP REQUESTS 2010

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SPAIN

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THE NETHERLANDS

Erasmus MC Daniel den Hoed Cancer Center
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UNITED KINGDOM

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Christie Hospital NHS Foundation Trust
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GREECE

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ITALY

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Istituto di Ricerche Farmacologiche Mario Negri IRFMN
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Fax: +48 61 88521948
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Web Site: http://www.ronc.ru
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Membership requests 2010

King's Health Partners Integrated Cancer Centre
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Charitè Comprehensive Cancer Center
Charitè Universitatsmdizin Berlin - Campus Mitte
Charitèplatz 1
Berlin 10117 -Germany
URL address: http://CCCc.charite.de

Institut Claudius Regaud
20 - 24 Rue du Pont Saint Pierre
31052 Toulouse cedex - France
URL address: www.claudiusregaud.fr

Istituto Scientifico Romagnolo per lo studio e la cura dei tumori
Via Piero Maroncelli, 40
47014 Meldola - Italy
URL address: www.irst.emr.it

Cliniques Universitaire Saint-Luc (Centre du Cancer)
10 av Hippocrate
1200 Brussels - Belgium
URL address: www.centreducancer.be;
www.saintluc.be

Institute of Oncology "Prof. Dr. Al Trestioreanu"
252 Fundeni Street, sector 2
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5.2 BOARD AND CO-OPTED MEMBERS PRESENTATION

Marco A. Pierotti

Marco A. Pierotti
President

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Graduated in Biological Sciences, in 1973 he started working at the Fondazione IRCCS Istituto Nazionale dei Tumori in Milan. From 1978 to 1980, he was a Visiting Investigator at the Laboratory of Chemical Carcinogenesis of the NCI-NIH Bethesda, MD (USA) and Postdoctoral Research Fellow at the Laboratory of Viral Oncology of the Memorial Sloan-Kettering Institute in New York. In 2006 was appointed Scientific Director of the Fondazione IRCCS Istituto Nazionale dei Tumori in Milan, where, since 1970, he had already held various positions, including Director of the Department of Experimental Oncology. Since 2000, he has been Leader of the Molecular Genetics of Cancer Group at the Institute FIRC of Molecular Oncology (IFOM-Milan) and, since 1988, he has been Professor of Molecular Genetics of Cancer at the Postgraduate School of Oncology, University of Milan Medical School. Dr. Pierotti is also co-director of the Laboratory of Molecular Diagnosis.

A past President of the Italian Cancer Society, Dr. Pierotti is currently a Member of the Advisory Board of the Italian Association on Cancer Research. He is a member of the American Association for Cancer Research, its Advisory Board and the Laboratory Research Awards Selection Committee. In recent years, he was Italian Representative at the Scientific Committee of the International Agency for Research on Cancer, Lyon. He is past President of the European Association for Cancer Research and Faculty Coordinator of the Basic Research Group of the Education Faculty of the European Society for Medical Oncology and member of the Policy Committee of the European Cancer Organisation. Since 2006, he has been Scientific Secretary of the Alleanza Contro il Cancro. In 2008, he was Member of the Evaluation of the Research Program Functional and Structural Genomics for DKFZ. He is a Commissioner of the Commissione Centrale di Beneficenza of the CARIPLO Foundation and chairs the Project of the Lombardy Oncological Net (ROL). Finally, he is a member of MOVATO (Gruppo di Monitoraggio Valutazione Terapie Oncologiche), a monitoring group set up by the Milan Health Agency (ASL, the Azienda Sanitaria Locale) to evaluate the efficacy of oncological therapies.

Over the years, Dr. Pierotti has been Principal Investigator or Head of several national and international research grants, funded by both private and public bodies. His authorship includes over 400 publications that deal with various aspect of experimental oncology including studies on immunology, biochemistry and molecular biology using both experimental and human tumors. In addition, since its fifth edition he has been the first author of the chapter on “Oncogenes” in the most reputed textbook Cancer Medicine (Holland-Frei).

Awards and Honors
1979 “Yamagiva-Yoshida Award” UICC; 1981 “Lions International Club” (Mestre); 1988 “Foundation R. Farretto” (Torino); 2001 “2001 INTERNATIONAL IDEA AWARD” (for Health) (San Marino); 2008 “Una vita per la ricerca” ABO Project (Venice); 2009 “Ambasciatore della Città di Milano” (Milano).

Guy Storme

Guy Storme
Executive Secretary and Temporary reasurer

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Full Professor in Oncology
President Oncologic Center UZ Brussels
Head of Department of Radiation Oncology
Head of Cancer Research Unit

Guy Storme has his training in Radiation Oncology as well in Nuclear Medicine at the Jules Bordet Institute from 1973-1978.
He has done basic research at the University of Ghent in the Laboratory of Experimental Cancer and Radiotherapy under the supervision of Prof. Marc Mareel studying the impact of drugs and radiation on the invasive process.

At the same time he started the build up of a new cancer center at the UZ Brussels.

He build with his team in Radiation Oncology a department becoming leader in Image Guided Radiotherapy, being the only to have treated with the NOMOS (Peacock) system patients in Europe, having the first in Europe the Novalis Body system and the second in Europe with Tomotherapy. Actual he start the first worldwide with the Vero integrated imaging and positioning system tracking on line moving targets. He developed a cancer research unit in radiobiology and started a translational program based on radiobiology.

He had his PhD in 1987 and became full professor in Oncology and president of the Cancer Center.
Meanwhile he became member of different international societies as AACR, ASCO, ESTRO, ASTRO,

In the period 1996-1999 he was Vice-president of OECI, from 1999-2002 President and 2002-2005 Past-president. Afterwards he became Executive Secretary till today.

He was scientific adviser at the Ministry of Health in Belgium, Scientific advisor at the Ministry of Science in Germany, at the FNCLCC in France, board member of the SFC (France), and different national and regional boards of Cancer Societies.

Ulrik Ringborg

Ulrik Ringborg
Past President - Comprehensive Cancer Center networking

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Doctoral thesis, Karolinska Institute 1971: Nucleolar RNA synthesis, processing and transport in salivary gland cells of Chironomus tentans.
Associate Professor of Histology, Karolinska Institute, 1971
Med. Lic. Degree and State registration as medical practitioner, 1972
Associate Professor of General Oncology 1978, qualifying as an oncology specialist 1979
Consultant, Department of General Oncology, Radiumhemmet, 1987
Senior Consultant, Department of General Oncology, Radiumhemmet, 1992
Professor of Oncology, Karolinska Institute, 1992, and Head of the Department of Oncology, Karolinska Hospital, 1992
1993-96 Prefect, Institute of Oncology-Pathology
1995-2003 Head Division of Oncology, Karolinska Hospital
1996-2003 Member of the Executive Group of the Karolinska Hospital
2004-2005 Head of the Oncologic Clinic of the new Karolinska University Hospital
Since 1994, Director of Cancer Center Karolinska

Appointments: Chairman of the Swedish Melanoma Study Group 1976-2003
Membership
Member of the Research Board and the Governing Body of the Stockholm Cancer Society
Member of the Research Board and the Governing Body of the King Gustaf V Jubilee Fund
Member of the Nobel Assembly (1993-2008)
Member of Research Board and Governing Body (Vice Chairman) of the Swedish Cancer Society
Member of the Scientific Advisory Committee of EORTC (2003-2008)
Member of the Steering Group of NOCI, EORTC
President of the European Society of Skin Cancer Prevention (2002-2003)
President of the Organization of European Cancer Institutes (2005-2008), at present, Past President
Chairman of the Advisory Board for UV-protection, Swedish Radiation Protection Authority
Honorary member, the Radiological Society of North America
Honorary member of the Hungarian Cancer Society
Member of the Policy Committee, ECCO

Publications: 280 publications in international journals and books, scientific focus on malignant melanoma.

Wim van Harten

Wim van Harten
President Elect – Designation Chairperson

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Function within OECI:
2003 – Recent member OECI Board (Brussels)

Education and qualifications:

Ph.D. Erasmus University Rotterdam. Prof.dr. A.F. Casparie 1997
Public Health Community Medicine, Utrecht 1990
M.D. Medical School, University Groningen 1979

Professional Experience (function and hospital/University etc):

2001-recent	Member Executive Board NKI-AVL
1992-2001	Director of Patient Care & General Director Rehabilitation Hospital Het Roessingh, Enschede
1986-1992	(Chief) Medical Advisor Oost Nederland/Twente Health Insurance
1981-1985	(Chief) Medical Officer, General Hospital Management Cameroon, (Africa)
2002-recent	Professor Quality management of health care technology, University of Twente
2007-recent	Member of the Board – Dutch Hospital Association

Main areas of research interest:
Prof. van Harten spent 7 years in Africa, after his graduation as M.D. in tropical medicine. On returning from Cameroon, he decided to focus on public health and health administration. He obtained a degree in community medicine while working as a chief medical advisor of a major health insurance company (1986-1992). As a chief executive officer in rehabilitation hospital "Het Roessingh" (1992-2001) in Enschede, he finished his Ph.D. on quality management (1997). In June 2001, he started as a member of the executive board of the National Cancer Institute, Antoni van Leeuwenhoek Hospital (NKI-AVL) in Amsterdam, The Netherlands, with responsibilities in Organisation & Management. Since 2001, he has been a part-time professor on "Quality Management of Health Care Technology" at the school of Management and Governance at the University of Twente, the Netherlands. Publications are in the field of needs assessment, outcome measurement & management, methodology and results of research into the effects of quality management.

Teaching: Lecture series (8) on Quality of Safety. Master Industry Engineering and Management and Health Sciences. Lecture series (5) on International Hospital Strategy. Master in Industry Engineering, in Management and Health Sciences.

Awards: NVT

Julio Celis

Julio Celis - *Board member*
Future Policy and Relations with Other Organisations

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Education: Biochemistry, University of Chile, 1964
Ph.D. in Biochemistry. University of Iowa, 1965-1968

Career

1970-1973, Assistant Professor at the Department of Biochemistry, School of Medicine, University of Chile
1971-1973, Postdoctoral Fellow, Medical Research Council Laboratory of Molecular Biology, Cambridge, England. Under S. Brenner and J.D. Smith
1973-1975, Member of the Scientific Staff, Medical Research Council Laboratory of Molecular Biology, Cambridge, England. Under F. Crick
1975-1986, Associate Professor, Biostructural Chemistry, Institute of Chemistry, Aarhus University, Denmark
1986, Professor of Medical Biochemistry, Institute of Medical Biochemistry, Aarhus University, Denmark
1987, Professor and Chairman, Institute of Medical Biochemistry, Aarhus University, Denmark
1989-1990, Chairman, Aarhus University Bioregulation Research Centre, Denmark
1991, Chairman, Danish Centre for Human Genome Research
2001, Scientific Director, Institute of Cancer Biology, Danish Cancer Society, Copenhagen, Denmark
2002, Coordinator, Danish Centre for Translational Breast Cancer Research

Areas of Research

Interest: Basic and clinical aspects of cancer
Proteomic strategies in health and disease. J. E. Celis is generally recognized as one of the founding fathers of proteomics Academic

Memberships: Foreign Member of the Royal Danish Academy of Sciences and Letters
Member of the European Molecular Biology Organization (EMBO)
Member of the Academia Europaea
Member of the Danish Natural Science Academy
Member of the Chilean Academy of Sciences
Member of the European Academy of Cancer Sciences

Honours: Recipient of a medal from the College de France (1987)
Wonderful Copenhagen Congress Organizer of the year 1998
Hirai Prize (Japan) 1999
Recipient of a Medal from the Polish Academy of Science (June 2004)
Recipient of the Dansk Selskab for Cancerforksning Haedepris 2006

Claudio Lombardo

Claudio Lombardo
Special Assistant to the OECI President

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Graduated in Biological Science in 1974.
Specialization in International Cooperation

Professional Experience

1975-1977	Postdoctoral research fellowship, Department of Anatomic and Histological Pathology, G. Gaslini Children's Hospital, Genoa, Italy
1978-1982	Postdoctoral Research Fellowship, Multiscreening Laboratory – Scientific Direction, G. Gaslini Children's Hospital
1982-1983	Staff Assistant, Biology Laboratory of Chemical Analysis, G. Gaslini Children's Hospital
1983-1984	Research Assistant, III Paediatric Division, G. Gaslini Children's Hospital
1985-1986	Visiting Professor, Mental Retardation Research Centre of the UCLA/ Lantermann State Hospital, Pomona, Los Angeles, CA (USA)
1986-1987	Research Assistant, III Paediatric Division, G. Gaslini Children's Hospital
1987-1988	Deputy Head, Dept. of Clinical Pathology, IST, Genoa, Italy
1988-1991	Head, Scientific Secretariat/Office of International Affairs, IST, Genoa, Italy
1991-1998	Head, Dept. of International Affairs, IST, Genoa, Italy
1994-1998	Visiting Professor of "European Research Policy" at the Special School for Technicians in Biotechnology, University of Genoa, Italy
1998-2006	Appointed Scientific Attaché, Italian Embassy in Belgium/Luxembourg/Italian Delegation to the North Atlantic Treaty Organization (NATO)
2006	Appointed Deputy Italian Delegate to the NATO Scientific Committee "Science for Peace and Security"
2006	Head International Affairs –National Institute for Cancer Research of Genoa
2006-2007	Visiting Professor tissue and cellular engineering, University of Genoa, Italy
2007	Chairman National Focal Point for international affairs of the Italian Cancer Network
2007-2008	Visiting Professor, European Union Policies and Research Programmes, history, evolution, actors and processes, Faculty of Environmental Engineering, University of Genoa

Authors of more than 160 scientific papers and 20 books

Main areas of research interest

Biochemist with laboratory expertise in metabolic and lysosomal diseases, prenatal diagnosis, mutagenesis, tumor stem cells assays, cancer biomarkers, research policies development, planning and management of research programmes at national and international levels.

Awards

2003 Winner of the Fondazione Carive Prize 2002 with the "Biolumitech" project
2006 Dubbed the decoration: "Commendatore della Repubblica italiana"
Positions held in cancer organisations:
Italian Representative at the Council of the European Association for Cancer Research
Member of the OECI board and head of Working Group Education and Training.

Mahasti Saghatchian

Mahasti Saghatchian
Accreditation WG Chairwoman

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Medical prize Master's degree in biological and medical sciences
Medical Doctoral Thesis, specialist in medical oncology Postgraduate diploma (DEA) in fundamental and applied immunology, University Diploma in cellular therapy

Professional Experience (function and hospital/University):
February 2003 – to present: Institut Gustave Roussy, Villejuif, France, Medical Oncologist, Breast Cancer Unit; Executive in charge of European and International Affairs
November 2000 2002: Assistant Professor, Oncology, HEGP, Paris, France

Main areas of research interest:
Breast cancer molecular prognostic and predictive factors Organisation of research and care in Europe

Teaching:
Medical Oncology fellowship training at Institut Gustave Roussy Clinical and biological courses in Breast cancer at international conferences

Awards:
ASCO Merit Awards Laureate of Necker Medical School at University of Paris V, 1995

Positions held in cancer organisation:
Scientific Coordinator of the European project Eurocan + Plus (Feasibility Study for Coordination of National Cancer Research Activities) FP6
Member of the Steering Committee, Executive Committee and Biotechnology Committee of the European consortium TRANSBIG, FP6
February 2004 October 2005, Scientific Coordinator of the National Organising Committee of ECCO 13 (European Cancer Conference) for the Federation of European Cancer Societies (FECS)
Member of ASCO, of the European Society for Medical Oncology (ESMO), and member of the Breast Group of the European Organisation for Research and Treatment for Cancer (EORTC)

Dominique de Valeriola

Dominique de Valeriola
Accreditation WG

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Dominique de Valeriola, MD, is the Medical Director of the Institut Jules Bordet, as well as the Head of the Oncology Out-patient Unit. She is also associate professor in Oncology at the Université Libre de Bruxelles.

After two years spent at the University of Maryland Cancer Center (USA), she developed, as a researcher of the Belgian National Fund for Scientific Research (FNRS), an oncopharmacology lab at the Institut Jules Bordet and focused her research on the pharmacokinetics and pharmacodynamics of new anticancer drugs. This was conducted in close collaboration with the Medical Oncology Unit.

Deeply involved in day to day management of the clinical cancer research program developed at the Jules Bordet Institute, she obtained a Master's degree in Management of Health and Care Institutions (MISS) at the Université Libre de Bruxelles in 1997.

Dr. de Valeriola is a member of several scientific associations such as the American Association for Cancer Research (AACR) and the Belgian Society of Medical oncology (BSMO) and represents the institution in the OECI.

The author of 54 scientific publications, she is actively involved in teaching medical students, oncologists and nurses at the Université Libre de Bruxelles.

In 2006, she was asked to become advisor of the Belgian Ministry of Health for the oncology domain. Since then, she has participated actively in the creation of the National Cancer Registry, recognition of the medical oncology speciality, and the agreement of breast clinics in Belgium, as well as launching the first Belgian National Cancer Plan in March 2008.

She is deeply interested and involved in the organization of oncology throughout Europe. She became Medical Director of the Jules Bordet Institute in 2001, and since then has pursued her challenging ambition of promoting the highest level of excellence of this cancer center.

Angelo Paradiso

Angelo Paradiso
Education & Training WG Chairperson

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Email: a.paradiso@oncologico.bari.it

Education:
M.D. in 1980, University of Bari. Specialization in Oncology in 1985, University of Bari. Specialization in Applied Pharmacology, 1988, University of Bari

Professional Experience (function and hospital/University etc):

From 2008	Scientific Director, NCI Bari Giovanni Paolo II
From 2005	Deputy Scientific Director, NCI Bari
From 2001	Vice Scientific Director, NCI Bari
From 1999	Director of the Experimental Clinical Oncology Laboratory, NCI Bari
1998-1999	Associate Director Experimental Clinical Oncology Laboratory, NCI Bari
1995-1998	Assistant Director Medical Oncology Division, NCI Bari
1988-1989	Postdoctorate Fellow, Institute fur Strhalenbiologie, Munster University, Germany
1988-1994	Medical Assistent, Div. Oncologia Medica, Laboratorio Oncologia Sperimentale, Ospedale Oncologico Bari
1985-1987	Triennal Fellowship AIRC c/o Div. Oncologia Medica, Ospedale Oncologico Bari
1983-1984	Postdoctorate Yellow, INT Milano c/o Oncologia Sperimentale C

Main areas of research interest: study design and conduction; clinical controlled studies; prognostic predictive factors; quality control; tissue banks; networking
Teaching Oncology in Medical Faculty of University of Bari.
Awards:

1987 International Prize “Fiuggi city of Alabama University – USA”
1988 National Prize “Giorgio Prodi” launched by A.I.O.M.
1993 National Prize “Medicina FORUM National Academy”

Positions held in cancer organisations:
National Co-ordinator of the INQAT (Italian Network for Quality Assesment of Tumor biomarkers) Coordinator of “National Virtual Tumour Tissue Bank “ sponsored by Alleanza contro il Cancro (2004)
Member of the group Receptor Biomarker Study Group of the EORTC (Chair M. Schmitt, Muenchen)
Chairman of the Italia-China Bilateral Cohoperation Program for the development of an “Italia-China Virtual Tumour Tissue Bank”
Member of the National Committee Cancer
Member of the LILT National Committee “Alimentazione” from October 2007

Peter Riegman

Peter Riegman
Biobank and Pathobiology WG Chairperson

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Dr. Riegman graduated in biology at the University of Leiden in 1986. His doctoral training was completed at Erasmus MC (Rotterdam, the Netherlands), supervised by Professor J. Trapman and Professor D. Bootsma. His thesis was entitled: "Cloning and Characterization of Prostate-Specific Antigen" which was defended succesfully in 1992.

As a postdoctorate fellow, he worked on two projects subsidized by the Dutch Cancer Society. The first, 1992-1997, under the supervision of Dr. E. Zwarthoff "Towards a mouse model for meningioma and neurofibromatosis type 2". The second, 1997-2001, under the supervision of Dr. H. van Dekken "Early detection of neoplastic progression in Barrett's Esophagus".

In 2001, he became Tissue Resource Manager of the "Erasmus MC Tissue Bank", which is part of the "Molecular Diagnostics" unit at the Dept. of Pathology, Erasmus Medical Center, Rotterdam. From this position he also became in 2002 coordinator of the OECI-TuBaFrost project, funded for three years by the 5th framework of the European Commission. In 2005, he was appointed as chair of the EORTC Tissue Bank Steering Group for three years and in 2006 as chair of t he OECI Pathobiology working group. He is in addition an active participant of the "The Marble Arch International Working Group on Biobanking for Biomedical Research" since its founding in December 2005.

In 2006, became an active participant in EuroBoNeT concerning the biobanking affairs in this European Bone Cancer project. This was followed in 2008 by participation in BBMRI Biobanking and Biomolecular Resources Research. Recently, he also became involved in SPIDIA, a European project that has the aim to improve the normal diagnostic pathway for research through evidence based biobanking. In 2008, he was elected ISBER President-elect in and became ISBER President in 2009.

Antonio Llombart-Bosch
Molecular Pathobiology Activity Chairperson

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- M.D. in Medicine and Surgery, University of Valencia, Spain, 1959.
- Ph.D. 1965.

Current research interests:

- PROTHETS. EC Grant: Prognosis and therapeutic targets in the "Ewing family of tumors".
- EUROBONET, EU Network to Promote Research into Uncommon Cancers in Adults and Children.
- FIS project. Study of differential diagnostic markers, and mechanisms of tumor progression in undifferentiated sarcomas of bone and soft tissues, with special reference to the ES/PNET family of tumors.
- Conselleria de Empresa, Universidad y Ciencia. Proyecto (2005-2006): Characterization of biological factors associated with human renal carcinogenesis induced by prolonged exposure to low-dose ionizing radiation following the Chernobyl nuclear accident (Ukraine).

Current positions:

- Professor Emeritus, Faculty of Medicine, University of Valencia, Spain
- Invited Professor, Faculty of Medicine, Universidad del Norte, Barranquilla, Colombia
- Invited Professor, Instituto Superior de Ciencias Medicas, Habana, Cuba
- President, Fundación Instituto Valenciano de Oncología (IVO)
- President Real Academia de Medicina. Comunidad Valenciana, Spain

Current appointments and awards:

- Scientific Advisor, Asociación Ligas Latinoamericanas contra el Cáncer, (ALICC)
- Member, Executive Committee, European Organization of Cancer Institutes (OECI) (2001–2007)
- Advisor, EFEC Ecole Formation Européenne en Cancérologie, FNCLCC, France
- Honorary Member of many Scientific Societies and Royal Academies of Medicine
- Officer of the Order of the French Legion of Honor (France, 2002)

Previous appointments and activities:

- Professor of Pathology, University of Valencia, (1975 to 2005)
- Dean of Medical School, (1980-83, 1990-93)
- Director of Pathology Department, (1983-90, 1993-1999). Directed 54 PhD theses
- Former President and Chairman of several National and International Pathology Organizations
- Books and Book Chapters in 27 scientific publications
- 579 scientific articles published in National (293) and International Journals (286)

Principal areas of developed lines of research:

- Experimental and Human Urological and Renal Carcinogenesis
- Biopathology of Undifferentiated Sarcomas in Bone and Soft Tissue
- Experimental and Human Liver Cancer
- Cytogenetics and Molecular Biology of Solid Neoplasms in Humans
- Breast Cancer
- Descriptive Pathology of Human and Experimental Neoplasms

Lisa Licitra

Lisa Licitra
START Activity Coordinator

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Born:	September 24, 1959, Milan, Italy
Nationality:	Italian
Languages:	Italian, English, German
Address:	Hospital Medical Oncology - Dept. Of Medicine - Istituto Nazionale Tumori, Via G. Venezian 1, 20133 Milan, Italy

Education, academic and professional degrees:

1978 High school degree (Scientific Lyceum-German School-Milan, Italy)
1984 Degree in Medicine, cum laude (University of Milan, Italy)
1984 Italian certificate of licensure to practice medicine
1987 Postgraduate board in Clinical Oncology, cum laude (University of Parma, Italy)

Professional positions:

April 1985-March 1988 and July 1988-April 1989, Recipient of a scholarship, Division of Medical Oncology, Istituto Nazionale Tumori, Milan, Italy
May 1989-November 1991, Researcher, Division of Medical Oncology, Istituto Nazionale Tumori, Milan, Italy
November 1991-September 1992, Ad interim Assistant Physician, Division of Medical Oncology, Istituto Nazionale Tumori, Milan, Italy
October 1992-February 1994, Researcher, Division of Medical Oncology, Istituto Nazionale Tumori, Milan, Italy
March 1994-December 2001, Assistant Physician, Medical Oncology Unit "A", Department of Cancer Medicine, Istituto Nazionale Tumori, Milan, Italy
January 2002–April 2004, Assistant Physician, Medical Oncology Unit, Department of Head and Neck, Istituto Nazionale Tumori, Milan, Italy
April 2004 to date, Assistant Physician, currently Chief of Head and Neck Cancer Medical Oncology Unit, Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy

Memberships:

Italian Association for Medical Oncology
European Society for Medical Oncology
European Organization for the Research and Treatment of Cancer
American Society for Clinical Oncology
European Society for Therapeutic Radiology and Oncology – Honorary Member

OECI
Statute

5.3 OECI STATUTE

DEFINITIONS (not part of the Statutes)

In this document:

– "EEC REGULATION 2137/85" shall mean "REGULATION (EEC) 2137/85 of 25 July 1985 on the European Economic Interest Grouping of the Council of the European Communities";
– "EEIG" shall mean European Economic Interest Grouping ;
– "Statutes" shall mean the "Statutes of the OECI-EEIG" (this document);
– "Internal Regulation" shall mean the "Internal Regulation of the OECI-EEIG" (a separate document);
– "Agreement" shall mean the combined set of dispositions set out in the "Statutes" and in the "Internal Regulation";
– "Grouping " shall mean the "OECI-EEIG";
– "Board" shall mean the "Executive Board of the OECI-EEIG";
– "Office" shall mean the "OECI-EEIG Office in Brussels",
– "Member" (unqualified) shall always mean "Full Member" and refer to full membership as per Article 6.1 of the present Statutes. The term "Member" is qualified (as in "Associate Members") where necessary to avoid confusion between the various categories of membership.

CONSOLIDATED STATUTE

ARTICLE 1: FORM AND NAME

The "Organisation of European Cancer Institutes European Economic Interest Grouping " or "OECI-EEIG " (hereinafter called "the Grouping ") is hereby established.
The Grouping will be regulated by the provisions of REGULATION (EEC) 2137/85, by the Belgian law and by the present Agreement.

ARTICLE 2: REGISTERED OFFICE

The registered office of the Grouping is at Rue d'Egmont 11, 1000 Brussels, Belgium.
The registered office of the Grouping may be transferred within Belgium, by decision of the General Assembly. It may be transferred anywhere within the Community in accordance with the conditions contained in Articles 13 and 14 of EEC REGULATION 2137/85.

ARTICLE 3: DURATION

The Grouping is created for an unlimited duration.

ARTICLE 4: OBJECT

The ultimate objective of the Grouping is the development of oncology in Europe for reducing mortality and morbidity due to cancer and increasing survival and quality of life of the patients. Therefore, the model of oncology must be based on a global vision of the cancer problem emphasizing the integration of research and education with diagnosis, prevention and care to promote the development of comprehensive and multidisciplinary organization within the European Cancer Institutes.

With a view to simplifying and developing the scientific, educational and economic activities of its Members, to improving the conditions and increasing the outcomes, the object of the Grouping is mainly: information, training, research, treatment, care, rehabilitation, drafting of guidelines, data storage and evaluation, cost-benefit, clinical and pre-clinical research, telemedicine and telematics, education, communication, accreditation, 'labelisation' (marking), translational research, epidemiology and the ethical and social aspects in the cancer area.

To this effect, the activities of the Grouping are in particular:
- to actively seek for funds in order to realize the object of the Grouping;
- to sign every agreement and, more generally, to co-ordinate and/or manage every project assigned by the European Commission or by any regional, national or international entity, public or private, including donations;
- to represent Members' interests with regard to European or international Institutions;
- to spread and exchange data and scientific and economic experiences;
- to assist its Members in carrying out their activities.

The activity of the Grouping has to refer to the activities of its Members and shall be auxiliary to the members themselves.

ARTICLE 5: FINANCING

The revenues of the Grouping are constituted by the annual fees of its Members and by subsidies of private persons or firms, public or private, national, European or international.
The Grouping may also be funded by payments received for services provided by the Grouping to its Members or to third parties.
The amount of the annual fees shall be adopted by the General Assembly. Rules on financial contribution are laid down in the Internal Regulation.

ARTICLE 6: MEMBERSHIP

The General Assembly may decide to establish as appropriate, categories of "Associate Membership" other than the membership pursuant to Article 6.1 herein.
For all categories of Associate Membership so established, the General Assembly shall determine the applicable membership conditions, procedures and fees.

6.1 Members

Any European cancer Institute and Institution active in the area of cancer, including research, prevention and care, and which fulfils the conditions provided for in Article 4 of EEC REGULATION 2137/85 of 25 July, 1985 on the creation of an European Economic Interest Grouping, may become Member of the Grouping (hereinafter called a "Member").
Each Member holds a share without nominal value and is jointly and unlimitedly liable for any debt incurred by the Grouping.
Until the conclusion of the winding-up of the Grouping, creditors may only claim from a Member the payment of a debt after having demanded payment from the Grouping.

Each former Member of the Grouping shall continue to be liable for debts incurred during the period in which it was a Member. A new Member shall be liable for debts incurred before its admission to the Grouping, unless decided and acted otherwise by the General Assembly at the time of admission.
The rights and obligations of the Members not determined by the present Statutes are provided for in the Internal Regulation.

6.2 Associate Members
Any Cancer Institute or Institution, any organization including those composed by two or more members, any private person or firm active in cancer research or care or in related sectors established in a EU Member State or elsewhere, may be an "Associate Member" of the OECI (hereafter called "Associate Member").
Any Associate Member from a State which has applied for accession to the European Union, shall have the right to choose to become Member of the Grouping from the moment of their State accession to the European Union, in accordance with the conditions set out in Article 6 herein.
The Associate Members are not liable with respect to third-parties for the affairs of the Grouping. The Associate Members are liable to the Grouping for what concerns the contractual commitments they may have taken to the Grouping.

6.3 Admission of Members
Applications for admission to the Grouping either as a 'Member' or 'Associate Member' shall be made in writing.
An applicant that fulfils the conditions to become a "Member" in accordance with Article 6.1 herein shall mention in its application whether it wants to become a "Member" or an "Associate Member" of the Grouping.
Each applicant shall provide all information requested to evaluate its application and shall be recommended by at least two Members of the Grouping. The applicant shall produce its statutes, official evidence of establishment and registration (date, location) and other relevant information (such as internal membership, if applicable) as required by the Grouping.
The General Assembly shall decide upon recommendation of the Executive Board by unanimous voting on the application for admission of Members and, by simple majority voting, on the application for admission of Associate Members.

6.4 Expulsion of Members
May be expelled any Member or Associate Member which acts against the interests of the Grouping, which does not fulfil its obligations imposed by this Agreement or by the Internal Regulation or which causes serious problems for the functioning of the Grouping.
In the case of a complaint regarding the breach of an obligation prescribed by this Agreement or by the Internal Regulation, lodged by one of the Members, the Executive Secretary or the President against a Member, such complaint shall be immediately notified to the party concerned and to the General Assembly. A General Assembly shall be imme-

diately convened, by proposition of the President, the Executive Secretary or one of the Members. The expulsion shall be decided by the General Assembly, by a two-thirds majority vote. In the interest of the Grouping, the President may however exclude the Member concerned until the meeting of the General Assembly. The Member whose expulsion is proposed shall not be entitled to vote on the question of his expulsion. The expelled member, within one month from the date of the expulsion decision has been notified to him, may appeal by registered letter. The next General Assembly will decide on the appeal.

6.5 Resignation of Members

Any Member or Associate Member of the Grouping may resign at any moment, but shall inform, at least six months beforehand, the President by registered letter with copy to the Executive Secretary.

All resigning Members shall pay their fees due and honour all their commitments towards the Grouping. They also are responsible for executing their parts of pending contracts concluded by with the Grouping before their resignation and they continue to be liable, both towards third parties and towards the Grouping.

6.6 Loss of Membership

Incapacity, bankruptcy, winding-up, dissolution, resignation or expulsion of a Member or Associate Member gives rise to the loss of membership. Nevertheless, the Grouping is not dissolved and continues amongst the remaining Members.

ARTICLE 7: STRUCTURE AND FUNCTIONING OF THE GROUPING

The organs of the GROUPING are:

- the General Assembly, and
- the Executive Board.

7.1 General Assembly

7.1.(a) Composition

The General Assembly is composed of all the Members of the Grouping. The General Assembly is validly constituted if the quorum of half plus one of the Members is reached.

Each Member is represented either by its legal representative or by proxy, preferably by its scientific or medical director. The proxy shall hold a written power of attorney signed by the legal representative and be able to prove his identity to the President.

The General Assembly may decide on every matter connected to the Grouping's activities and take all decisions in order to achieve the objectives of the Grouping.

7.1.(b) Functioning and Powers

The General Assembly shall meet in ordinary session at least once a year within six months after the closing of the fiscal year. It shall meet either at the registered office of the Grouping or in one of the States represented by the members at the Grouping.

The General Assembly shall be convened by the President or, in case he is prevented from doing so, by his substitute. The convocation shall be sent by registered letter, electronic mail or fax at least thirty (30) days before the meeting and shall indicate the agenda.
The annual General Assembly has the following powers:
– adoption of the annual accounts;
– approval of the annual report and of the tasks entrusted to the Executive Board;
– election of the President and of the Executive Board Members;
– adoption of the budget for the following year;
– determination of the membership fees.

The General Assembly shall meet in extraordinary session upon request of the President or of his substitute if prevented from doing so, and upon request of half plus one of the Members of the Grouping. Such request shall indicate the agenda. In this case, the President shall call the General Assembly within fifteen (15) days from the receipt of the request.
Where a Member is unable to attend a General Assembly, it may either appoint a proxy or send to the President its written decision on the points on the agenda.
The Manager and the Associate Members or invitees may attend the meetings of the General Assembly but are not entitled to vote.
The minutes of the General Assembly shall be signed by the President and the Executive Secretary.
The General Assembly may also be convened during a meeting in session where all the Members are present or represented.
The decisions of the General Assembly are binding to all the Members and Associate Members of the Grouping.

Generally, all decisions of the General Assembly are taken at the simple majority of the votes of the Members present or represented. Nevertheless, pursuant to Article 17 of EEC REGULATION 2137/85, the General Assembly shall decide by unanimity vote, on the following points:
• Change of the object of the Grouping;
• Change of the number of votes assigned to each Member;
• Change of the decision-making process;
• Change of the fees charged to some or all Members;
• Admission of new Members.

7.1.(c) Voting
Every Member has one vote.

7.1.(d) Meetings
The President and the Executive Secretary organise the meetings of the General Assembly and decide on the location and date of such meetings.

7.2 Executive Board

7.2.(a) Composition

The Executive Board shall be composed of at least the following members:
- the "President", who presides the meetings of the General Assembly and the Executive Board;
– the "Vice-President" who shall chair all meetings in the absence of the President;
– the immediate "Former President";
– the "Executive Secretary";
– two "Elected Members", one of whom serves as Treasurer;
– one "Co-opted Member", with no voting rights, designated on the recommendation of the Board. Co-opted Members need not be representatives from Member institutions.

The President and the members of the Executive Board are elected by the General Assembly on simple majority voting. The Executive Board has the right to propose to the General Assembly the composition of the Executive Board to be elected. The Executive Board's mandate shall be for three (3) years; its members may be reelected.
Where a Member of the Executive Board leaves his functions before the end of his mandate, the President, together with the Executive Board, shall appoint a substitute who shall be confirmed by the next General Assembly. Where the substitute is not confirmed, new elections shall be held to appoint a new member to the Executive Board.
Only an active representative of a Member may be elected as Executive Board Member except for the Co-opted Members.
Each Executive Board Member has one vote, save for the Co-opted Members who have no vote.
Where the President is unable to exercise his functions, the Vice-President temporarily substitutes him.
The Vice-President becomes President of the Grouping when the term of the President in office expires.
The Executive Board shall meet at least twice a year.

7.2.(b) Functioning and Powers

The Executive Board shall take all necessary steps and make all decisions for the attainment of the goals of the Grouping.
The Grouping is represented by its President for judicial and extra-judicial acts. All written documents which bind the Grouping shall be signed by the President or the Executive Secretary or by persons holding specific powers from the General Assembly or the Executive Board.
The President shall convene the Executive Board whenever he deems it necessary.
Furthermore, where at least three Executive Board Members request it, the Executive Board shall also be convened.
A decision of the Executive Board is valid only if at least three members are present.
The decisions are taken by simple majority. In case of a deadlock, the President has a

casting vote.
The Executive Secretary or a person entrusted with this task shall draw up the minutes, which are signed by the President and the Executive Secretary.
Upon the President's proposal, decisions or votes may be in writing or in any other written form of communication.
The functions of the President and of the other Executive Board Members are not remunerated.
The President or the Executive Secretary shall carry out acts connected with the day-to-day management of the Grouping and executes all decision of the Executive Board.
This includes inter alia the carrying out of all the formalities for the constitution or modification of the Grouping before the national or European authorities, and, in particular, filing incorporation documents, signing all acts and carrying out all formalities for the publication and registration of the OECI-EEIG in the appropriate Registers.
The Executive Board may appoint a Manager to whom it may delegate some of its powers and shall control the execution of the mission.

7.3 The Manager

7.3.(a) Appointment and Dismissal

The current affairs of the Grouping shall be administered by a Manager appointed by the Executive Board upon proposition of the President.
The Board shall determine the terms and conditions for the appointment of the Manager.
The Board shall also decide of the dismissal of the Manager.

7.3.(b) General Responsibilities and Reporting

The Manager runs the Grouping on a daily basis. He organizes and supervises the staffing and the operation of the Co-ordination Secretariat. The Secretariat's staffing, the duration of their appointment and the terms and conditions of their remuneration shall be approved by the Board.
The Manager, in agreement with the Executive Secretary and the Treasurer, prepares the budgets and the annual accounts of the Grouping and submits them to the Board.
The Manager generally reports to the Board and habitually to the President.

7.3.(c) Powers of the Manager

Generally, the Manager may only carry out acts connected with the daily management of the Grouping; he may, for example:
(a) Sign day-to-day correspondence;
(b) Purchase, sell or rent goods with a value less than €5.000;
(c) Cash and receive from the Belgian National Bank, the Belgian Treasury, any public administration, bank, company or person whatsoever, any sums or securities which may be due to the Grouping, as principal, interest etc., for any reason whatsoever;
(d) Withdraw any amount or securities deposited and any amount or securities received;
(e) Issue receipts on behalf of the Grouping;

(f) Pay principal, interest and any sum the Grouping might owe, less than €5.000;
(g) Open bank accounts on behalf of the Grouping;
(h) Collect, on behalf of the Grouping, from the post office or customs any correspondence and accept delivery of letters or packages addressed to the Grouping;
(i) Appoint and dismiss staff of the Grouping, determine their conditions, remuneration, salary, benefits, and all other conditions relating to their appointment or dismissal;
(j) Carry out all formalities for the registration of the Grouping with the Belgian or European authorities, for the updating of the Grouping's registration files and the filing of incorporation documents; he may sign all documents and carry out all formalities for the publication and registration of the Grouping with the appropriate Registers.

However, the Grouping is not bound vis-à-vis third parties for the following acts of the Manager unless such acts have been countersigned by the President or by the Executive Secretary:
(a) Renting, insurance and leasing agreements;
(b) Purchase of goods or services, whose value is more than €5.000 per good or service item;
(c) Loan agreements, whatever their nature or value;
(d) Cheques or banking transactions, whose amount is more than €5.000, except for staff payments;
(e) Contracts between the Grouping and the European Commission or any regional, national or international body, public or private.
The Manager shall take acts and commitments on behalf of the Grouping only if such acts and commitments remain within the annual budget of the Grouping.

7.4 The Co-ordination Secretariat
The Board and the Manager may be assisted by a Co-ordination Secretariat. The role and tasks of the Co-ordination Secretariat are laid down in the Internal Regulation.

7.5 The Working Groups
The Executive Board or the General Assembly may assign some tasks to "Working Groups". The Working Groups may include persons not belonging to the Executive Board or who do not represent Members.
The Working Groups are accountable to the Executive Board or to the General Assembly for the tasks which have been entrusted to them and shall draw a report of their activities.
The rules of procedure of the Working Groups are laid down in the Internal Regulation.

ARTICLE 8: ACCOUNTS AND MANAGEMENT CONTROL
At the end of each fiscal year, the annual accounts shall be established and shall be approved by the General Assembly. The fiscal year coincides with the civil year. The first fiscal year shall start on the day of the registration of the Grouping with the Brussels Register of European Economic Interest Groupings and shall end on the 31st of December, 2001.

The profits and losses resulting from the annual accounts shall be considered as profits and losses of the Members as per Article 21 of EEC REGULATION 2137/85.
The General Assembly will decide on the allocation of the profits and losses. If the annual accounts show a profit, the General Assembly may decide to allocate a certain proportion of these profits to the Grouping 's reserve fund. If the annual accounts show a loss, the Executive Board shall require the Members to contribute in equal shares to the payment of the amount by which expenditure exceeds income.
Each Member shall have right to obtain information about the files of the Grouping and to access the books and documents relating to the Grouping's affairs.
The General Assembly may appoint independent accountants, whose task shall be to verify the accounts of the Grouping which are submitted to the General Assembly.

ARTICLE 9: DISSOLUTION
The Grouping shall be dissolved by a decision of the General Assembly taken on a two-third majority vote of the Members present and represented.

ARTICLE 10: WINDING-UP
The dissolution of the Grouping shall involve its winding-up. The General Assembly shall appoint liquidators. The winding-up will be regulated by the Belgian law.
In the event of winding-up, the Members are bound to pay the profits that they may have drawn from the liquidation of the Grouping to one or more charitable institutions related to cancer.

ARTICLE 11: ARBITRATION CLAUSE
Any dispute regarding the interpretation and execution of the present Agreement between the Members of the Grouping, or between the Members and the Executive Board, or between the liquidators and the Members, shall be submitted to arbitration according to the rules of the CEPANI (Centre for the Study and Practice of National and International Arbitration).

ARTICLE 12: INTERNAL REGULATION
After the signature of the present Agreement, the Members of the Grouping meeting in a General Assembly shall adopt on simple majority the Internal Regulation. The Internal Regulation may only be modified upon decision of the General Assembly,
taken by simple majority, pursuant to Article 17 of EEC REGULATION 2137/85.
The admission of new Members shall be conditional upon them accepting the terms of the Internal Regulation of the Grouping.

Cancerworld

It's your world. Get online and have your say

Jan Geißler: We the patients
Thanks Jan, for bringing up issues such as pharma funding, learning needs, networking capacity of patient organisations and all other issues such as rare cancers, access to trials, access to medicines and much more....

Stop excluding male patients
This is a wonderful and provocative subject. Male breast cancers are real issues that has been swept under the carpet in the past....

Addressing fertility issues in patients with breast cancer
...your article sheds light on a still under-discussed, if discussed at all, issue for younger patients....

- **Are trials being stopped too early?**
- **Are patient groups skewing the research agenda?**
- **Are you getting the career breaks you need?**
- **Which is better? Medical oncologist or organ specialist, robot or surgeon?**

The new, redesigned Cancer World website is the place where comments are made and information is shared. Join the debates by using our comment facility. You can also suggest topics for coverage and find links to related sites. Get online and take a look

www.cancerworld.org

European School of Oncology
learning to care

BREAST CANCER IN YOUNG WOMEN

2-3 September 2010
Berne, Switzerland

Chair: S. Aebi, CH
Co-Chairs: G. Freilich, UK - F.A. Peccatori, IT

The two-day programme covers all spectrums of breast cancer in young women, including epidemiology, pathology, molecular biology, surgery, radiotherapy, systemic therapy, but also special issues like fertility preservation and subsequent pregnancies, psychosocial issues, physical activity and dietetic intervention, patients' perspective and breast cancer during pregnancy. Multidisciplinar discussion of clinical cases will be an integral part of the course.

TOPICS

- Young women: to screen or not to screen?
- Preoperative MRI in young women with breast cancer
- Breast cancer surgery in young women
- Breast reconstruction in young women with breast cancer
- Sexuality and body image
- Pregnancy following breast cancer
- Partial breast irradiation in young women with breast cancer
- Adjuvant chemotherapy and endocrine therapy in young patients
- Adjuvant bisphosphonates
- Caring for young patients with advanced breast cancer
- Physical, psychological and social consequences
- What are the needs of young patients, and how do we find out?
- Preservation of fertility
- Breast cancer treatment during pregnancy and lactation
- Breast cancer pathology in young women
- Clinical relevance of gene expression profiling for young womens' breast cancer
- Doctors and patients: special communication needs of young patients
- Nutrition, lifestyle and breast cancer
- Helping young patients to get the most out of the internet
- Management of high risk families

FACULTY

S. Aebi, CH - **J. Alder,** CH - **A. Baildam,** UK - **B. Borisch,** CH
M. Eicher, CH - **G. Freilich,** UK - **T. Gagliardi,** UK - **O. Gentilini,** IT
G. Gruber, CH - **A. Günthert,** CH - **B.A. Gusterson,** UK
J. Huober, CH - **M.W. Kissin,** UK - **S. Loi,** BE - **S. Loibl,** DE
O. Pagani, CH - **P. Pasanisi,** IT - **F.A. Peccatori,** IT - **I. Rapiti,** CH
A. Santi, CH - **S. Strasser,** CH - **M. Watson,** UK

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In collaboration with

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Registration and further information available at:
WWW.ESO.NET

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18:15 Brussels, Paris, Madrid, Milan, Johannesburg
19:15 Athens, Tel Aviv, Cairo
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3-5 November 2011
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Chairs: F. Cardoso, PT - E. Winer, US
L. Norton, US - A. Costa, IT/CH

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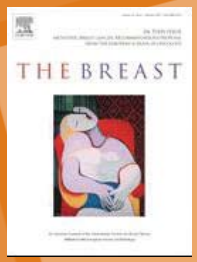

Further information available at WWW.ESO.NET

ACKNOWLEDGMENTS

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CENTRAL OFFICE

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